

From the Evidence Analysis to the Creation of Evidence Based Guidelines



EAL Process



Importance of Evidence-Based Nutrition Practice Guidelines

- Implementing evidence-based practice
 - Promoting consistency
 - Achievement of expected outcomes
 - Assuring quality care
- Support implementation of the Nutrition Care Process and its Terminology
- Support reimbursement efforts
- Encourage recognition and collaboration by/with other healthcare professionals



What is an Evidence-Based Nutrition Practice Guideline?

Evidence-Based Nutrition Practice Guidelines (EBNPG) are a series of guiding statements which are developed using a systematic process for identifying, analyzing and synthesizing scientific evidence. They are designed to assist practitioner and patient decisions about appropriate nutrition care for specific disease states or conditions in typical settings.

Key elements include scope, interventions and practices considered, major recommendations and corresponding rating of evidence strength and areas of agreement and disagreement.



What are Evidence-Based Nutrition Practice Guidelines?



Evidence Summaries &
Conclusion Statements =
what the evidence says

Guideline = course of action
for the practitioner based
on the evidence

Evidence-Based Nutrition Practice Guidelines

- State “what to do” and “why” for the RD
- Rated based on benefits vs. harms and grade of supporting evidence
- Linked to supporting analyzed evidence
- Provide treatment algorithms



Features of Guideline

- **Executive Summary of Recommendations:** list only of recommendations, no supporting evidence
 - **Introduction:** scope, intent, methods, benefits/harms
 - **Recommendations:** a series of guiding statements that propose a *course of action* for practitioners
 - **Background Information and References:** information on the guideline including date of release, methods, and references
-

Components of Each Guideline

The EAL Guideline components include:

- ✓ Recommendation
- ✓ Rating
- ✓ Classification of Conditional or Imperative
- ✓ Risks/Harms of Implementing this Recommendation
- ✓ Conditions of Application
- ✓ Potential Costs Associated with Application
- ✓ Recommendation Narrative
- ✓ Recommendation Strength Rationale
- ✓ Minority Opinions (if needed)
- ✓ Supporting Evidence

Executive Summary of Recommendations

Adult Weight Management

Grade Chart
Adult Weight Management (AWM) Guideline (2014)
AWM: EXECUTIVE SUMMARY OF RECOMMENDATIONS (2014)
AWM: INTRODUCTION (2014)
AWM: MAJOR RECOMMENDATIONS (2014)
AWM: BACKGROUND INFORMATION (2014)
AWM: REFERENCES (2014)
Adult Weight Management (AWM) Systematic Review (2013-2014)
AWM: EATING FREQUENCY AND PATTERNS (2013)
AWM: ESTIMATING RESTING METABOLIC RATE (RMR) (2014)

AWM: EXECUTIVE SUMMARY OF RECOMMENDATIONS (2014)

Executive Summary of Recommendations

Below are the major recommendations and ratings for the Academy of Nutrition and Dietetics Adult Weight Management (AWM) Evidence-Based Nutrition Practice Guideline. Use the links on the left to view the Guideline Overview. More detail (including the evidence analysis supporting these recommendations) is available on this website to Academy members and EAL subscribers under **Major Recommendations**.


To see a description of the Academy Recommendation Rating Scheme (Strong, Fair, Weak, Consensus, Insufficient Evidence), [click here](#).

The Adult Weight Management Recommendations are listed below. *[Note: If you mouse-over underlined acronyms and terms, a definition will pop up.]*

- ▶ **Screening and Referral**
- ▶ **Nutrition Assessment**
- ▶ **Nutrition Intervention**
- ▶ **Nutrition Monitoring and Evaluation**

Free on the EAL. Organized by NCP category.

Major Recommendations









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Celiac Disease

MAJOR RECOMMENDATIONS

Recommendations

Recommendations are categorized in terms of either conditional or imperative statements. While conditional statements clearly define a specific situation, imperative statements are broadly applicable to the target population and do not impose restraints on their application.

Conditional recommendations are presented in an if/then format, such that:

If CONDITION then ACTION(S) because REASON(S)

Fulfillment of the condition triggers one or more guideline-specified actions. In contrast, imperative recommendations include terms such as "require," "must," and "should," and do not contain conditional text that would limit their applicability to specified circumstances.

Resources Available with Each Recommendation

In addition to the recommendation statement and strength rating, you will find on each recommendation page:

- A brief narrative summary of the evidence analyzed to reach the recommendation
- A statement of justification, or reason for the strength of the recommendation
- Detailed information on the evidence supporting the recommendations and background narrative (available in the Supporting Evidence section toward the bottom of each recommendation page)
- A reference list at the end of each recommendation page that includes all the sources used in the evidence analysis for the particular recommendation (each reference is hyperlinked to a summary of the article analyzed in the evidence analysis).

Below, you will find a list of the Celiac Disease Recommendations organized by the steps in ADA's Nutrition Care Process. To see the Recommendation Summary, just click on the recommendation title.

Celiac Disease (CD) Major Recommendations

[CD: Medical Nutrition Therapy](#)

Nutrition Assessment

[CD: Assessment of Food/Nutrition-Related History](#)

[CD: Assessment of Factors Affecting Quality of Life](#)

Recommendation Page

Adult Weight Management/ Adult Weight Management (AWM) Guideline (2014)



Quick Links

Conclusion Statement

WHAT IS THE RELATIONSHIP BETWEEN EATING FREQUENCY AND WEIGHT CHANGE (WEIGHT LOSS, WEIGHT GAIN AND/OR WEIGHT MAINTENANCE)?

RECOMMENDATIONS SUMMARY

AWM: Eating Frequency and Meal Patterns 2014

Click here to see the explanation of recommendation ratings (Strong, Fair, Weak, Consensus, Insufficient Evidence) and labels (Imperative or Conditional). To see more detail on the evidence from which the following recommendations were drawn, use the hyperlinks in the Supporting Evidence Section below.

- ▶ Recommendation(s)

- ▶ Supporting Evidence

Recommendation Page

RECOMMENDATIONS SUMMARY

AWM: Eating Frequency and Meal Patterns 2014

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▼ Recommendation(s)

AWM: Eating Frequency and Meal Patterns for Weight Loss and Weight Maintenance

For weight loss and weight maintenance, the registered dietitian nutritionist (RDN) should individualize the meal pattern to distribute calories at meals and snacks throughout the day, including breakfast. Research reports inconsistent results regarding the association between eating frequency and body weight, which may be due to the role of portion size, energy density or compensation of energy intake at subsequent eating occasions. The majority of observational research reported that breakfast consumption is associated with a lower BMI and decreased obesity risk, while omitting breakfast is associated with a higher BMI and increased obesity risk. Several studies suggest that cereal-based breakfasts are associated with lower BMI, while breakfasts that are very high in energy are associated with higher BMI.

Rating: Fair

Imperative

+ RISKS/HARMS OF IMPLEMENTING THIS RECOMMENDATION

+ CONDITIONS OF APPLICATION

+ POTENTIAL COSTS ASSOCIATED WITH APPLICATION

+ RECOMMENDATION NARRATIVE

+ RECOMMENDATION STRENGTH RATIONALE

+ MINORITY OPINIONS

Expand to see various components of each recommendation

Rating	Definition
Strong	<ul style="list-style-type: none"> • benefits clearly exceed the harms (or harms clearly exceed the benefits for a negative recommendation) • the quality of the supporting evidence is excellent/good (grade I or II)
Fair	<ul style="list-style-type: none"> • benefits exceed the harms (or harms clearly exceed the benefits for a negative recommendation) • quality of evidence is not as strong (grade II or III)
Weak	<ul style="list-style-type: none"> • quality of evidence that exists is suspect • or that well-done studies (grade I, II, or III)* show little clear advantage to one approach versus another
Consensus	<ul style="list-style-type: none"> • Expert opinion (grade IV) supports the guideline recommendation
Insufficient Evidence	<ul style="list-style-type: none"> • both a lack of pertinent evidence (grade V)* and/or an unclear balance between benefits and harms

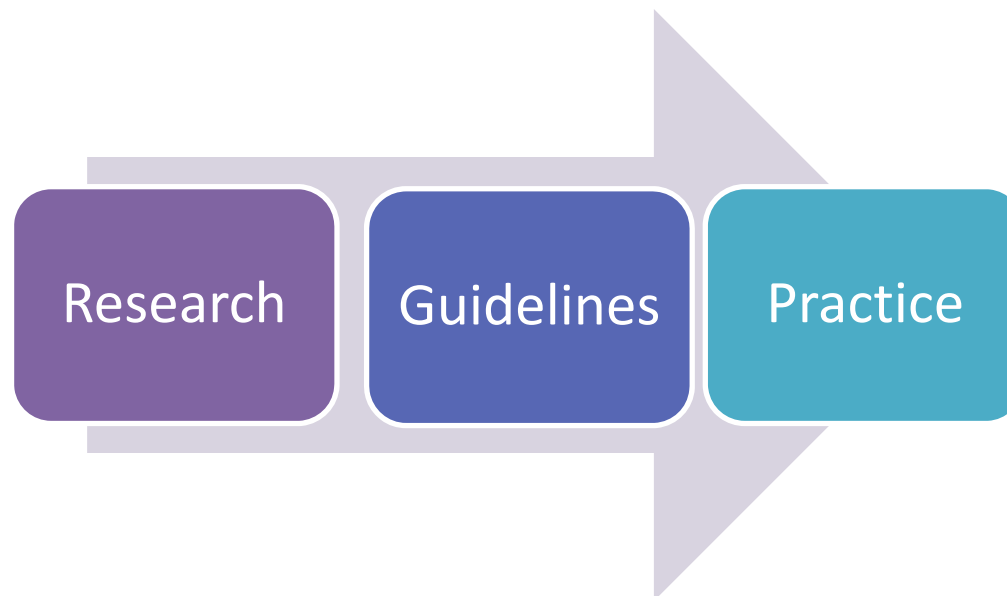
External Review

An external review of a guideline ensures that the guideline has been developed using a systematic evidence analysis process. Only guidelines that meet the methodological criteria may be used in the EAL.

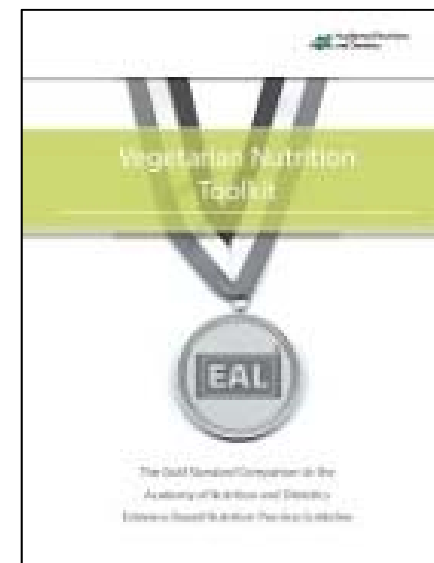
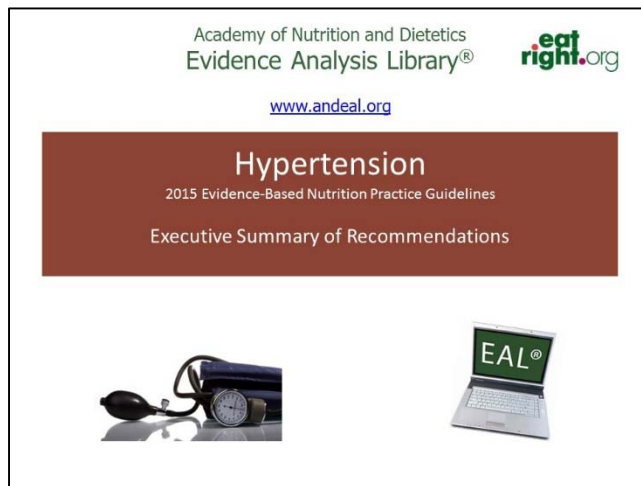
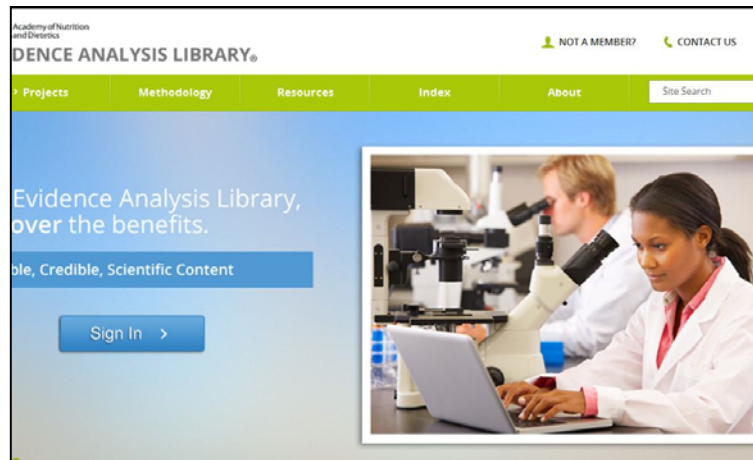
Each Academy EAL guideline is reviewed externally using the AGREE II (Appraisal of Guidelines for Research and Evaluation) Instrument as the evaluation tool.

Promotion

Following the publication of an EBNPG on the EAL, the Academy executes its plans for dissemination and implementation of the guideline.



Dissemination Resources



NutriGuides

On the Go with NutriGuides Mobile Application

- Now available for use on your iPhone, iPad, and Android devices.
- Users can access over 400 nutrition recommendations at their fingertips.
- Ability to search for recommendation by topic, disease/condition, nutrition care process step
- Topics include: Diabetes, Critical Illness, Celiac Disease, DLM, and more!



Learn more ...

Visit the EAL at

www.andeal.org

