

Dietitian Referral criteria

Criteria	Y/N or Value	Doc. In Pics, Medical Notes, Both or Neither	Warrants referral	Referred to Dietitian (incl date)
Anthropometry (most recent within 12 month period)				
Weight (kg)				
Weight loss of >5% in 3/12 ⁽⁵⁾			Y	
Weight gain % (calculated to equivalent of 3 months)				
Height (m)				
Visible wasting; Body Mass Index BMI <20kg/m ² ⁽⁷⁾			Y	
BMI >30kg/m ²			Y	
Waist Circumference (>88 women, >102 men) ⁽⁴⁾			Y	
Any other anthropometric notes				
Biochemistry (most recent values within 12 month period)				
CD4<200				
Viral load <50 copies/ml				
↑PTH (normal=1.1-6.8 pmol/L) ^{(2)*}				
↑ALP (normal= 30-130 U/L) ⁽²⁾				
Fasting glucose mmol/l				
Total Cholesterol >5 mmol/l				
LDL >3 mmol/l				
Non-HDL >4 mmol/l				
TG >1.7 mmol/l				
HDL <1.3 mmol/l (women) HDL <1.0 mmol/l (men)				
TC:HDL >6 mmol/l				
Clinical				
Is patient on HAART medication?				
Anaemia present; indicate evidence*			Y	
Evidence of body fat redistribution?				
Osteoporosis/ osteopenia present; indicate evidence*			Y	
Dyslipidaemia present; indicate evidence*			Y	
Persistent diarrhoea > 2 weeks			Y	
Persistent constipation > 2 weeks			Y	
Other GI complaints > 2 weeks (i.e.nausea, vomiting, IBS)			Y	
Diabetes/uncontrolled blood glucose/ IFG, IGT			Y	
Hypertension BP>140/90			Y	
Cardiovascular Risk Assessment: (Risk >20%)			Y	
Other clinical condition: liver, renal, heart disease, cancer				
Antenatal patient: need for nutrition education			Y	
Any other clinical notes				
Dietary				
Inadequate dietary intake (poor appetite, altered taste etc)			Y	
Hypervitaminosis or excessive supplementation intake				
Pt taking oral nutritional supplements			Y	
Pt taking micronutrient supplements				
Any other dietary parameter: IBS/ Food allergies			?	
Any other dietary notes				
Any other information pertinent at time of capture				

* Evidence; medications

NICE 2010 Obesity guidelines suggest that the level of intervention to discuss with the patient initially should be based as follows.

BMI classification	Waist circumference			Comorbidities present
	Low	High	Very high	
Overweight				
Obesity I				
Obesity II				
Obesity III				

	General advice on healthy weight and lifestyle
	Diet and physical activity
	Diet and physical activity; consider drugs
	Diet and physical activity; consider drugs; consider surgery

EACS

Diet, exercise and maintaining normal body weight tends to reduce dyslipidaemia; if not effective, consider change of ART and then consider lipid-lowering medication in high-risk patients

Lipohypertrophy

Prevention

- No proven strategy
- Weight gain expected with effective ART
- Weight reduction or avoidance of weight gain may decrease visceral adiposity

Management

- Diet and exercise may reduce visceral adiposity;
- Limited data, but possibly reduction of visceral adipose tissue and improvement in insulin sensitivity and blood lipids, especially in obesity associated with lipohypertrophy
- No prospective trials in HIV-infected patients to definitely indicate degree of diet and/or exercise needed to maintain reduction in visceral fat.

Other risk factors and disease history	Blood pressure (mmHg) - levels			+ diagnosis & grading of hypertension		
	Normal: SBP 120-129 or DBP 80-84	High normal: SBP 130-139 or DBP 85-89	Grade 1: SBP 140-159 or DBP 90-99	Grade 2: SBP 160-179 or DBP 100-109	Grade 3: SBP > 180 or DBP > 110	
No other risk factors	Average risk	Average risk	Low added risk	Moderate added risk	High added risk	
	No BP intervention	No BP intervention	Lifestyle changes for several months ^a , then possible drug therapy ^a	Lifestyle changes for several months ^a , then drug therapy ^a	Immediate drug therapy ^a and lifestyle changes ^a	
1-2 risk factors ^a	Low added risk	Low added risk	Moderate added risk	Moderate added risk	Very high added risk	
	Lifestyle changes ^a	Lifestyle changes ^a	Lifestyle changes for several months ^a , then drug therapy ^a	Lifestyle changes for several months ^a , then drug therapy ^a	Immediate drug therapy ^a and lifestyle changes ^a	
3 or more risk factors ^a or target organ disease ^a or diabetes	Moderate added risk	High added risk	High added risk	High added risk	Very high added risk	
	Lifestyle changes ^a	Drug therapy ^a and lifestyle changes ^a	Drug therapy ^a and lifestyle changes ^a	Drug therapy ^a and lifestyle changes ^a	Immediate drug therapy ^a and lifestyle changes ^a	
Associated clinical conditions ^a	High added risk	Very high added risk	Very high added risk	Very high added risk	Very high added risk	
	Drug therapy ^a and lifestyle changes ^a	Immediate drug therapy ^a and lifestyle changes ^a	Immediate drug therapy ^a and lifestyle changes ^a	Immediate drug therapy ^a and lifestyle changes ^a	Immediate drug therapy ^a and lifestyle changes ^a	

Literature References

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3. Nerad J, Romeyn M, Silverman E, Ien-Reid J, Dieterich D, Merchant J, *et al.* (2003) General nutrition management in patients infected with human immunodeficiency virus. *Clin Infect Dis*; **36**(Suppl 2):S52-S62.
4. NHS Choices, why is my waist size important (2010) [online] available at: <http://www.nhs.uk/chq/Pages/849.aspx?CategoryID=51&SubCategoryID=165> [Accessed 07/01/11]
5. Ockenga *et al*, (2006) ESPEN guidelines on enteral nutrition: Wasting in HIV and other chronic infectious diseases
6. Polsky B, Kotler D, Steinhart C (2001) HIV-associated wasting in the HAART era: Guidelines for assessment, diagnosis and treatment, *AIDS patient care and STDs*, Vol **15**:8 pp.411- 423
7. Tang AM, Jacobson DL, Spiegelman D, Knox TA, Wanke C (2005) Increasing risk of 5% or greater unintentional weight loss in a cohort of HIV-Infected patients, 1995 to 2003, Epidemiology and Social Science, *Journal of Acquired Immune Deficiency Syndrome*, Vol **40**:1 pp 70-76