American Dietetic Association

HIV/AIDS Evidence-based Nutrition Practice Guideline:

What They Are and Ways to Implement Them

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Presentation Objectives

By the end of this presentation, participants will be able to:

- Describe guideline development
- Know how to access recommendations
- Be aware of ways to utilize recommendations
Disclosures

Marcy Fenton, MS, RD
- Has no financial interest or relationship to disclose

Pamela Rothpletz-Puglia, EdD, RD
- Has no financial interest or relationship to disclose

HRSA Education Committee
- HRSA Education Committee staff have no financial interest or relationships to disclose

CME Staff
- Professional Education Services Group staff have no financial interest or relationships to disclose
What are Evidence-Based *Dietetics* Practice Guidelines?

“The use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.”

ADA Definition
HIV/AIDS Nutrition Guideline Objectives

To provide clinicians in HIV/AIDS care MNT guidelines
to promote and maintain optimal nutrition status and prevent and manage other nutrition-related diseases and co-morbidities in people with HIV infection.
Guideline Development

1. Select a topic and appoint expert workgroup
2. Define questions, inclusion & exclusion criteria & date range; conduct literature review
3. Analyze and appraise the evidence
4. Develop and grade conclusion statements
5. Develop algorithms
6. Draft guideline recommendations and send for internal and external review
7. Revise and publish guideline on EAL®

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
HIV/AIDS Nutrition Guideline Features

- **Introduction:**
  - Includes the scope, intent, methods, benefits/harms

- **Recommendations:**
  - A series of guiding statements that propose a *course of action* for practitioners

- **Algorithms:**
  - Step-by-step flowchart for treatment of the specific disease/condition

*Draft HIV/AIDS Evidence-based Nutrition Practice Guideline*
What is the target population?

Individuals with HIV/AIDS.

- Ages: All
- Gender: All
How are guidelines rated?

Each recommendation is rated:
- Strong
- Fair
- Weak
- Consensus, or
- Insufficient Evidence

Each recommendation statement is:
- Conditional or
- Imperative
<table>
<thead>
<tr>
<th><strong>Statement Rating</strong></th>
<th><strong>Definition</strong></th>
<th><strong>Implication for Practice</strong></th>
</tr>
</thead>
</table>
| **Strong**          | The workgroup believes:  
  • benefits of the recommended approach clearly exceed potential harms  
    (or that the harms clearly exceed the benefits in a strong negative recommendation)  
  • quality of the supporting evidence is excellent/good (grade I or II)  
  • may be made based on lesser evidence when high-quality evidence is impossible to obtain and anticipated benefits strongly outweigh potential harms | Practitioners should follow a **Strong** recommendation unless a clear and compelling rationale for an alternative approach is present. |
| **Fair**            | The workgroup believes:  
  • benefits exceed potential harms  
    (or that the harms clearly exceed the benefits in a negative recommendation)  
  • quality of evidence is not as strong (grade II or III)  
  • may be made based on lesser evidence when high-quality evidence is impossible to obtain and the anticipated benefits outweigh potential harms | Practitioners should generally follow a **Fair** recommendation but remain alert to new information and be sensitive to patient preferences. |
| **Weak**            | The workgroup believes:  
  • the quality of evidence that exists is suspect or,  
  • well-done studies (grade I, II, or III) show little clear advantage to one approach versus another | Practitioners should be cautious in deciding whether to follow a recommendation classified as **Weak**, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role. |
# Guideline Rating Chart

## Statement Rating

<table>
<thead>
<tr>
<th>Statement Rating</th>
<th>Definition</th>
<th>Implication for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consensus</strong></td>
<td>• expert opinion (grade IV) supports the guideline recommendation although</td>
<td>Practitioners should be flexible in deciding whether to follow a recommendation classified as <strong>Consensus</strong>, although they may set boundaries on alternatives. Patient preference should have a substantial influencing role.</td>
</tr>
<tr>
<td></td>
<td>• available scientific evidence did not present consistent results, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• controlled trials were lacking</td>
<td></td>
</tr>
<tr>
<td><strong>Insufficient Evidence</strong></td>
<td>• lack of pertinent evidence (grade V) and/or</td>
<td>Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as <strong>Insufficient Evidence</strong> and should exercise judgment and be alert to emerging publications that report evidence that clarifies the balance of benefit versus harm. Patient preference should have a substantial influencing role.</td>
</tr>
<tr>
<td></td>
<td>• unclear balance between benefits and harms</td>
<td></td>
</tr>
</tbody>
</table>
Conditional or Imperative

**Conditional statements:**
- Clearly define a specific situation.
- Contain conditional text that would limit applicability to specified circumstances or to a sub-population group.
- Can be stated in “if/then” terminology.

**Imperative recommendations:**
- Are broadly applicable to the target population.
- And stated as “require”, “must” or “should achieve … goals”.
The Nutrition Care Process

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
What NCP topic areas were chosen?

- Screening & referral?
- Nutrition assessment?
- Nutrition diagnosis?
- Nutrition intervention?
- Nutrition monitoring and evaluation?
- Outcomes management?
HIV/AIDS Recommendation Topics

- **Screening & Referral (4)**
  - Screening for People with HIV Infection
  - Referral for MNT
  - Medical Nutrition Therapy
  - Frequency of MNT

- **Nutrition Assessment (3)**
  - Nutrition Assessment
  - Assess Food/Nutrition-Related History
  - Anthropometric Assessment

- **Nutrition Intervention (11)**
  - Energy Needs
  - Macronutrient Composition
  - Macronutrient Composition for Hyperlipidemia
  - Vitamin and Mineral Supplementation
  - Treatment of Diarrhea/Malabsorption
  - Treatment of Hyperlipidemia
  - Encourage Physical Activity
  - Educate on Food and Water Safety
  - *Educate on Breastfeeding Avoidance*
  - *Educate on Medications*
  - Coordination of Care

- **Nutrition Monitoring and Evaluation (2)**
  - Monitor and Evaluate Food/Nutrition-Related History
  - Monitor and Evaluate Anthropometric Measures
HIV/AIDS Nutrition Guideline Algorithms

Algorithms are available online: www.adaevidencelibrary.com
Evidence Based Guidelines > Guideline List
> HIV/AIDS > Algorithms
Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
HIV/AIDS Nutrition Monitoring and Evaluation Algorithm

Recommendations of Primary Focus for HIV/AIDS

HIV/AIDS: Monitor and Evaluate Food/Nutrition Related History

HIV/AIDS: Monitor and Evaluate Anthropometric Measurements

Back to Main Algorithm

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
Is there a consistent format for the recommendations?

Components are:

- Recommendation
  - What to do
  - May include how, who, when
- Justification
  - Why
- Rating
  - Strength
  - Conditional or imperative

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
Example Recommendations in the HIV/AIDS Nutrition Guideline

- Executive Summary (Draft)
- Twenty draft recommendations
- Two examples
  - Medical Nutrition Therapy
  - Frequency of Medical Nutrition Therapy
Medical Nutrition Therapy

- MNT provided by an RD is recommended for individuals with HIV infection.

- Four studies regarding MNT report improved outcomes related to energy intake or symptoms, with or without oral nutritional supplementation and cardiovascular risk indices. Two studies regarding nutritional counseling (non-MNT) also report improved outcomes related to weight gain, CD4 count and quality of life.

- RATING: Strong, Imperative
Frequency of Medical Nutrition Therapy

The RD should provide at least 1-2 MNT encounters per year for people with HIV infection (asymptomatic) and at least 2-6 MNT encounters per year for people with HIV infection (symptomatic but stable, acute or palliative), based on the following:

- Appropriate disease classifications
- Nutritional status
- Co-morbidities
- Opportunistic infections
- Physical changes
- Weight or growth concerns
- Oral or gastrointestinal symptoms
- Metabolic complications
- Barriers to nutrition
- Living environment
- Functional status
- Behavioral concerns or unusual eating behaviors

The RD should provide at least 1-2 MNT encounters per year for people with HIV infection. Studies regarding MNT report improved outcomes related to energy intake or symptoms, with or without oral nutritional supplementation, and cardiovascular risk indices, especially with increased frequency of visits.

RATING: Consensus, Imperative
Recommendation Development

- Work group (WG) develops questions
- WG defined literature search terms for each question
- Lead evidence analyst does literature review for each topic
- WG sorts literature search findings and decides what to keep and what to exclude (relevance, era, etc)
- Evidence analysis team perform quality rating on each article and summarize findings and other relevant information established by the WG
- Lead evidence analyst summarizes literature
- WG and lead evidence analyst create conclusion statement and grade the strength of the evidence supporting the conclusion
- Recommendations are developed based upon the conclusion statements
Next Steps for the Draft Guideline

- External and internal review
- Reviewer feedback
  - Collected
  - Discussed by work group
  - Basis for revision by work group
- 2nd review September 2010
  - International; request reviewers
- Approval by Evidence-based Practice Committee
- Copyedit & Publish on the EAL
- Develop HIV/AIDS Toolkit
Guideline Review

- Methodology
- Instrument:
  - Appraisal of Guidelines Research & Evaluation (AGREE)
- Wide variety of reviewers invited
  - Advance degree RDs, MDs, RNs, SWs, etc.
- 17 reviewers
- 3-week review period (July 12-28, 2010)
- 26 questions:
  - Likert scale (1-5) and open ended comments:
    - Scope & purpose (5)
    - Stakeholder involvement (2)
    - Rigor of development (5)
    - Clarity and presentation (5)
    - Applicability (5)
    - Editorial independence (2)
    - Overall assessment (1)

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
Guideline Review

- **Question 25: Would you recommend these guidelines for use in practice?**

<table>
<thead>
<tr>
<th>% Responses</th>
<th>Total</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>11</td>
<td>Strongly recommend</td>
</tr>
<tr>
<td>35%</td>
<td>6</td>
<td>Recommend (with provisos or alterations)</td>
</tr>
<tr>
<td>0%</td>
<td>0</td>
<td>Do not recommend</td>
</tr>
<tr>
<td>0%</td>
<td>0</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

- **Question 25:** Average 4.64
- **Guideline Overall:** Average 4.54
Evidence-Based Toolkit

- Companion documents for application of the practice guideline

- Includes:
  - Documentation forms
  - Outcomes monitoring sheets
  - Client education resources
  - Case studies
  - MNT protocol for nutrition treatment of HIV

- Incorporates the Nutrition Care Process

- Review process
  - 60-day usability test: ADA member practitioner uses forms & provides feedback; volunteers requested
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Draft HIV/AIDS Evidence-based Nutrition Practice Guideline
For More Information

Regarding this guideline:
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Does your site have the capacity:

- For implementing MNT?
- For implementing the HIV/AIDS Nutrition Guideline?
- What do you need to do to build your clinic capacity to implement the HIV/AIDS Nutrition Guideline?
- Use forms & provide feedback in 60-day test?