

American Dietetic Association

# HIV/AIDS Evidence-based Nutrition Practice Guideline:

## What They Are and Ways to Implement Them

Marcy Fenton, MS, RD  
Office of AIDS Programs and Policy  
Los Angeles County Department of Public Health  
[mfenton@ph.lacounty.gov](mailto:mfenton@ph.lacounty.gov)

Pamela Rothpletz-Puglia, EdD, RD  
Francois-Xavier Bagnoud Center  
University of Medicine and Dentistry of New Jersey  
[rothplpm@umdnj.edu](mailto:rothplpm@umdnj.edu)

# 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



Select a topic and appoint expert workgroup

Define questions, inclusion & exclusion criteria & date range; conduct literature review

Analyze and appraise the evidence

Develop and grade conclusion statements

Develop algorithms

Draft guideline recommendations and send for internal and external review

Revise and publish guideline on EAL®

# 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



# What is the target population?



Individuals with HIV/AIDS.

- Ages: All
- Gender: All

# EAL Homepage

eat right American Dietetic Association www.eatright.org Search

Library Guidelines A-Z Index Store CONTACT ABOUT HELP

Diseases & Conditions Nutrients Foods Nutrition Care Process Life Cycle Evidence Analysis Process Resources NEW Contributors

## ADA Evidence Analysis Library®



Guest 

### Login

Username:

Password:

[sign in](#) [Lost Password?](#) [Register](#)

### Quick Links

- [EAL Tutorial](#)
- [EAL Process](#)

### New Guideline:

[Unintended Weight Loss in Older Adults](#)

Recently Published Guidelines: [Celiac Disease](#) and [Spinal Cord Injury](#)

The ADA Evidence Analysis Library® is a synthesis of the best, most relevant nutritional research on important dietetic practice questions in an accessible, online, user-friendly library.

- The EAL® is a **FREE** benefit to [ADA members](#).
- The EAL® is available to others through a [subscription](#).

[Subscribe](#); information about annual, weekly and group subscriptions to the ADA Evidence Analysis Library®.

**Newly Published Questions:**  
*This page displays a list of questions published during the past 30 days. Updated daily!*

### ADA Membership

All of the content of the EAL® is available as a FREE member benefit to ADA members. [Click here](#) to learn how you can become a member of the American Dietetic Association.

- Daily News for ADA Members** The Daily News List is a daily newsletter informing ADA members of news affecting food, nutrition and health. To get the Daily News in your mailbox each day go to [www.eatright.org/dailynews](http://www.eatright.org/dailynews)

### EAL® Tutorial

[Want to learn more about navigating through the library? Want to learn more about the evidence process?](#)

[Check out the EAL® Tutorial](#) (Four 10 minute modules)

- Note: ADA member RDs can earn 1 FREE CPE credit [www.eatright.org/ealtutorial](http://www.eatright.org/ealtutorial)

### Featured Nutrition Question

See the evidence from the [Nutrition Care in Bariatric Surgery](#) evidence analysis project

**How much weight loss is expected after each type of bariatric surgery?**

### Navigate the EAL®

[A-Z Index](#) - Use the A-Z index to locate a project

[Search](#) - Enter any word in the robust search engine

### Medical Nutrition Therapy Evidence Analysis Project

American Dietetic Association  
[www.adaevidencelibrary.org](http://www.adaevidencelibrary.org)



### Featured Item in EAL® Store

**New product!** The Medical Nutrition Therapy (MNT) Effectiveness Evidence Analysis Project PowerPoint Presentation has 60 slides ready for you to use! [Buy Now](#)

### EAL® Page Views

[www.adaevidencelibrary.com](http://www.adaevidencelibrary.com)

Draft HIV/AIDS Evidence-based Nutrition Practice Guideline

# EAL HIV Nutrition Project

eat right. American Dietetic Association www.eatright.org

 Search

Library

Guidelines

A-Z Index

Store

CONTACT ABOUT HELP

Diseases & Conditions

Nutrients

Foods

Nutrition Care Process

Life Cycle

Evidence Analysis Process

Contributors

Resources

NEW

Login

Username:

Password:

sign in [Lost Password?](#)

[Register](#)

HIV/AIDS

- Grade Chart
- Diarrhea/Malabsorption and HIV
- Foodborne Illness and HIV
- MNT and HIV
- HIV Topics and Questions

Evidence Analysis Library > Diseases & Conditions > HIV/AIDS

## HIV/AIDS Nutrition Evidence Analysis Project American Dietetic Association



To view the questions, conclusion statements and supporting evidence, choose a link from the list of topics in the menu bar on the left. [Note: if you are not signed in, these items may not be visible.]

**Methodology.** For a brief overview of the steps in ADA's Evidence Analysis process, [click here](#). For a detailed, step-by-step description of ADA's Evidence Analysis process, see the online version of our [Evidence Analysis Manual](#).

**Contact ADA.** [Contact us](#) to provide feedback or to suggest a topic that you would like to see added to the online ADA Evidence Analysis Library.

**Volunteer.** Many people work very hard to accomplish ADA's evidence analysis and make it available online for you. If you are an ADA member and would like to assist with the evidence analysis process, please read how you can [Get Involved](#).

**Web Development.** This innovative online resource for dietetics professionals and other healthcare professionals was created through a generous grant from the Ann Hertzler Fund of the [American Dietetic Association Foundation](#). Thank you!

### Workgroup Members

- Marcy N. Fenton, MS, RD, Chair
- Saroj M. Bahl, PhD, RD, LD
- Susan M. Basinger, RD
- Janelle M. L'Heureux, MS, RD
- Hameia M. Kozlowski-Puglia, EdD, RD
- Linda Parker, RD, LD, DSc

### Project Manager/Lead Analyst

- Erica K. Gradwell, MS, RD

### Financial Contributors

- American Dietetic Association
- ADA Foundation
- HRSA: Health Resources and Services Administration, HIV/AIDS Bureau, US Department of Health and Human Services
- Marcy N. Fenton, MS, RD

To view all contributors to the HIV/AIDS Project, [click here](#).

[www.adaevidencelibrary.com/topic.cfm?cat=1404](http://www.adaevidencelibrary.com/topic.cfm?cat=1404)

© 2010 American Dietetic Association (ADA)

Draft HIV/AIDS Evidence-based  
Nutrition Practice Guideline

10



2010 RYAN WHITE ALL GRANTEE MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

# How are guidelines rated?



Each recommendation is rated:

- Strong
- Fair
- Weak
- Consensus, or
- Insufficient Evidence

Each recommendation statement is:

- Conditional or
- Imperative

# Guideline Rating Chart (page 1 of 2)

<i>Statement Rating</i>	<i>Definition</i>	<i>Implication for Practice</i>
<b>Strong</b>	<p>The workgroup believes:</p> <ul style="list-style-type: none"> <li>• benefits of the recommended approach clearly exceed potential harms (or that the harms clearly exceed the benefits in a strong negative recommendation)</li> <li>• quality of the supporting evidence is excellent/good (grade I or II)</li> <li>• may be made based on lesser evidence when high-quality evidence is impossible to obtain and anticipated benefits strongly outweigh potential harms</li> </ul>	<p>Practitioners should follow a <b>Strong</b> recommendation unless a clear and compelling rationale for an alternative approach is present.</p>
<b>Fair</b>	<p>The workgroup believes:</p> <ul style="list-style-type: none"> <li>• benefits exceed potential harms (or that the harms clearly exceed the benefits in a negative recommendation)</li> <li>• quality of evidence is not as strong (grade II or III)</li> <li>• may be made based on lesser evidence when high-quality evidence is impossible to obtain and the anticipated benefits outweigh potential harms</li> </ul>	<p>Practitioners should generally follow a <b>Fair</b> recommendation but remain alert to new information and be sensitive to patient preferences.</p>
<b>Weak</b>	<p>The workgroup believes:</p> <ul style="list-style-type: none"> <li>• the quality of evidence that exists is suspect or,</li> <li>• well-done studies (grade I, II, or III) show little clear advantage to one approach versus another</li> </ul>	<p>Practitioners should be cautious in deciding whether to follow a recommendation classified as <b>Weak</b>, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.</p>



# Guideline Rating Chart (page 2 of 2)

<i>Statement Rating</i>	<i>Definition</i>	<i>Implication for Practice</i>
<b>Consensus</b>	<ul style="list-style-type: none"> <li>• expert opinion (grade IV) supports the guideline recommendation although</li> <li>• available scientific evidence did not present consistent results, or</li> <li>• controlled trials were lacking</li> </ul>	Practitioners should be flexible in deciding whether to follow a recommendation classified as <b>Consensus</b> , although they may set boundaries on alternatives. Patient preference should have a substantial influencing role.
<b>Insufficient Evidence</b>	<ul style="list-style-type: none"> <li>• lack of pertinent evidence (grade V) and/or</li> <li>• unclear balance between benefits and harms</li> </ul>	Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as <b>Insufficient Evidence</b> 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.

# Conditional or Imperative

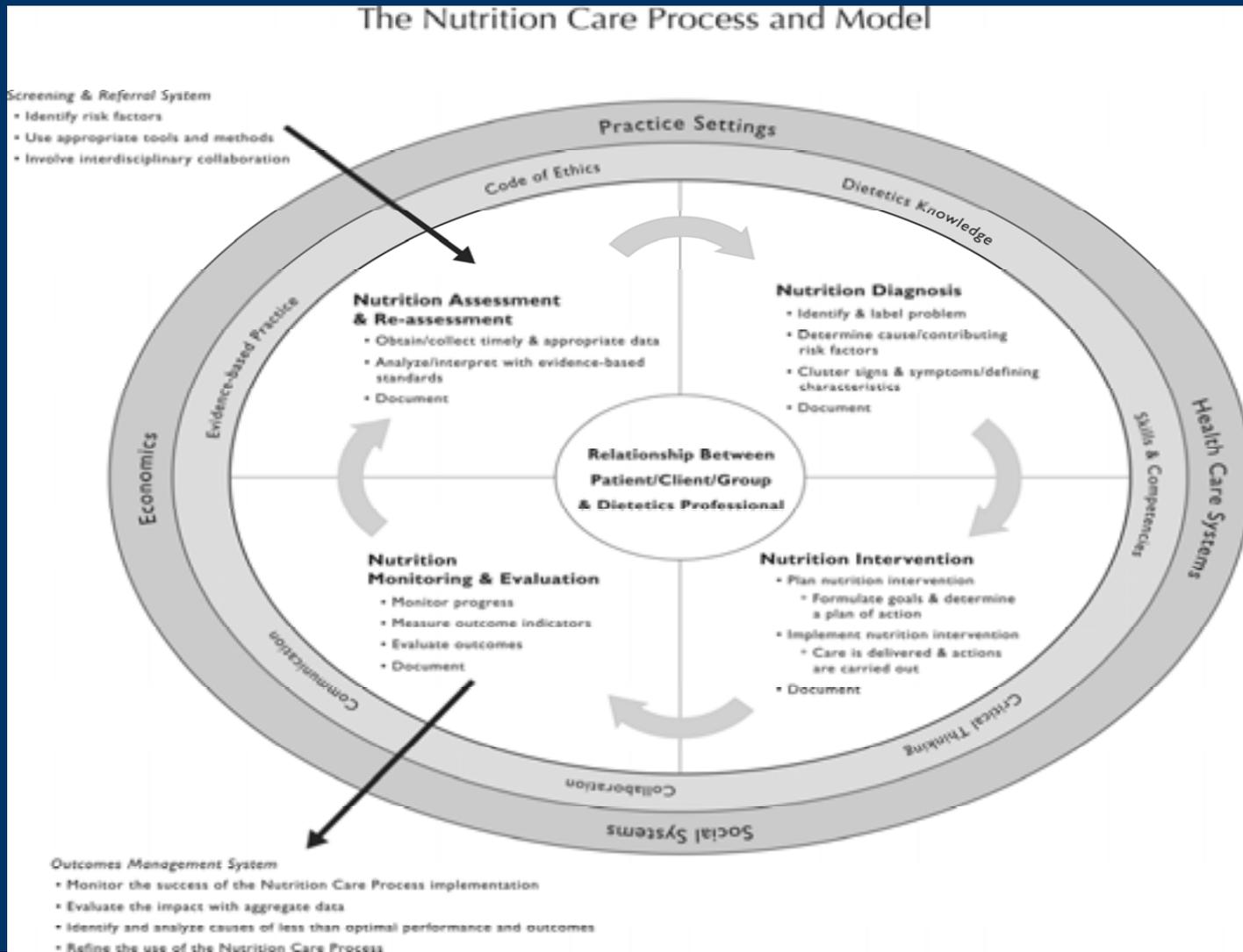
## ■ Conditional statements:

- 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)

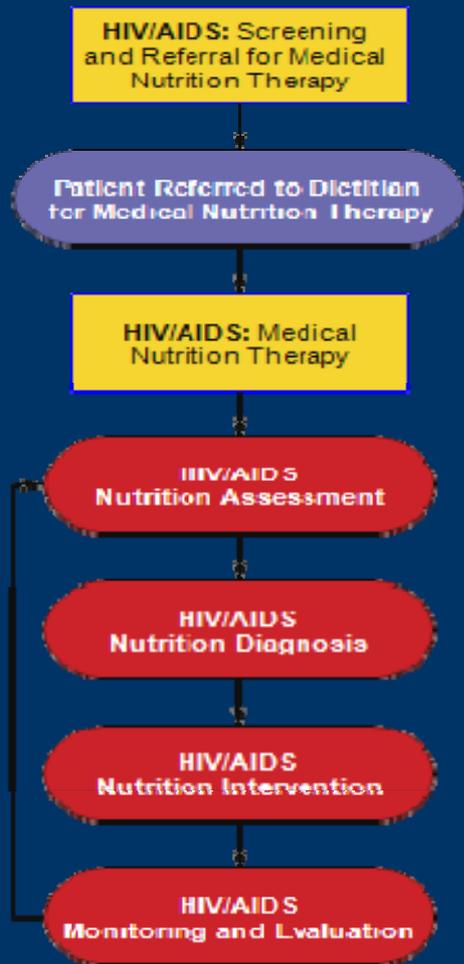
- Energy Needs
- Macronutrient Composition
- Macronutrient Composition for Hyperlipidemia
- Vitamin and Mineral Supplementation
- Treatment of Diarrhea/Malabsorption
- Treatment of Hyperlipidemia
- Encourage Physical Activity
- Educate on Food and Water Safety
- *Educate on Breastfeeding Avoidance*
- *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



Key:

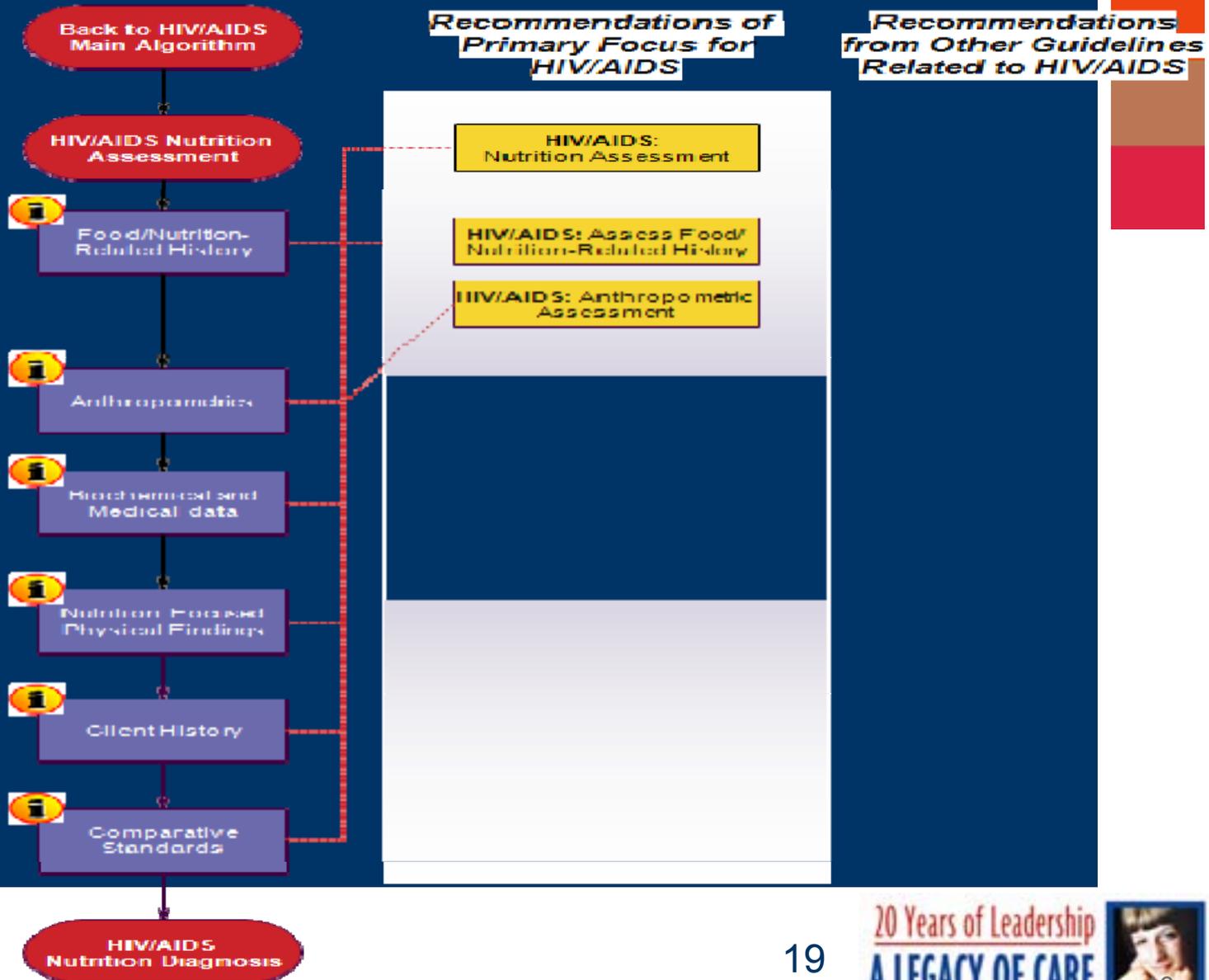
- red shading indicates link to a sub-flowchart
- light red shading indicates a link outside the guideline (e.g., to another ADA guideline)
- blue shading indicates step in the Nutrition Care Process
- gold shading indicates a link to a recommendation

Algorithms are available online:

[www.adaevidencelibrary.com](http://www.adaevidencelibrary.com)

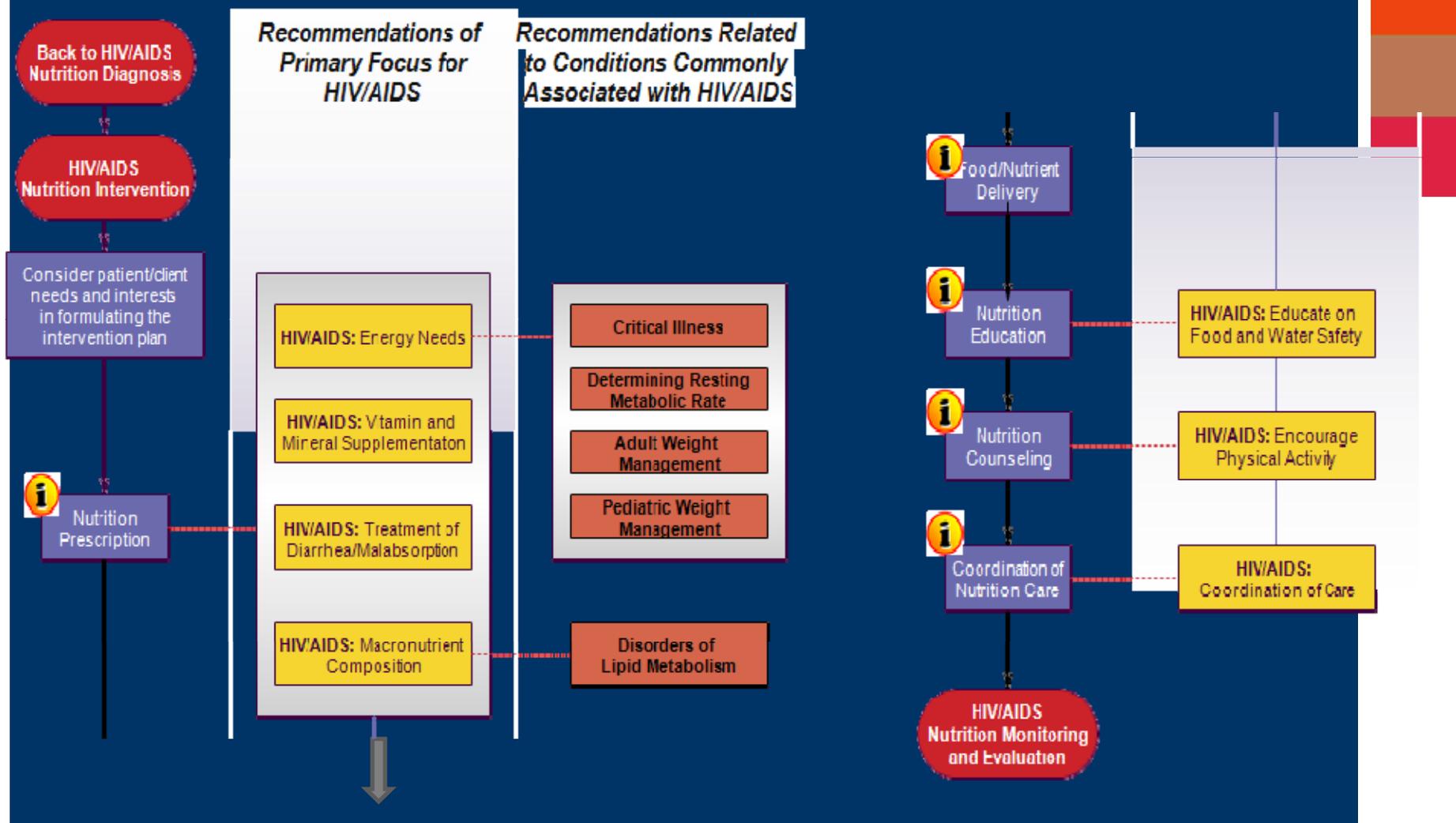
Evidence Based Guidelines > Guideline List  
> HIV/AIDS > Algorithms

# HIV/AIDS Nutrition Assessment Algorithm



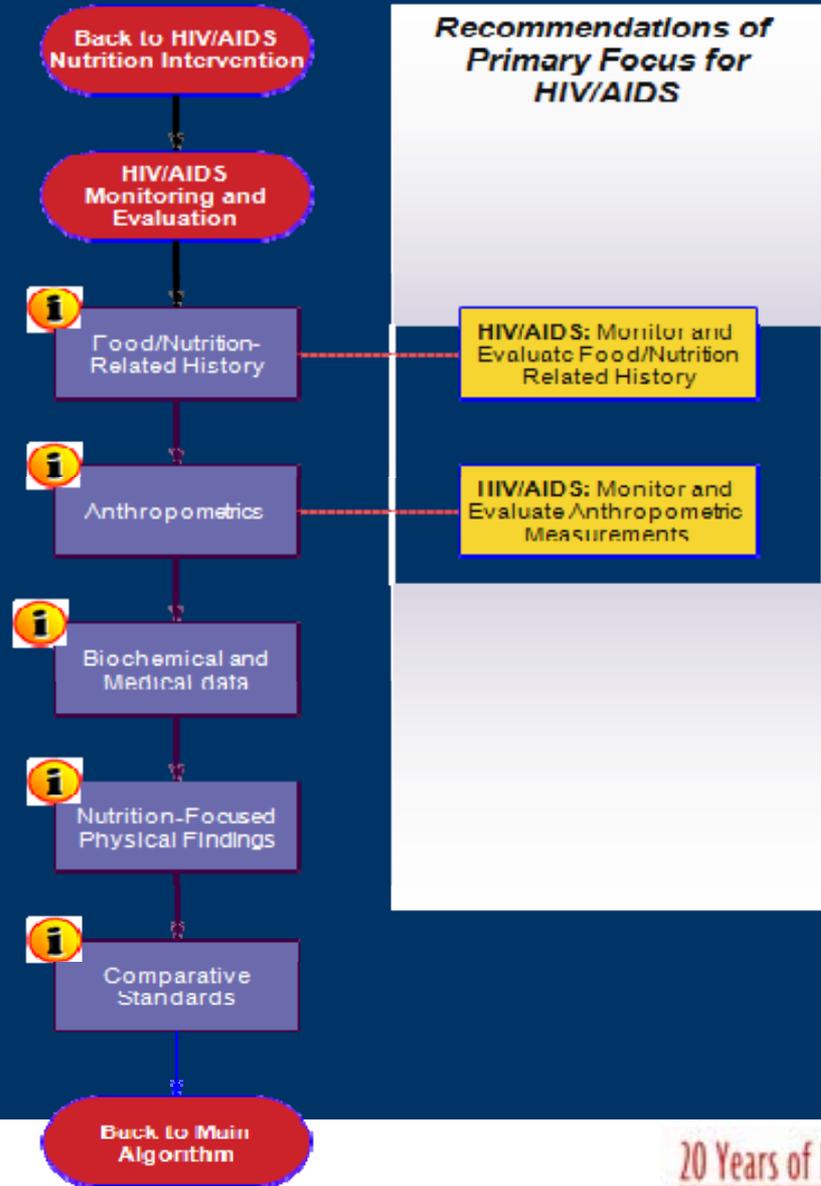
Draft HIV/AIDS  
Evidence-based  
Nutrition Practice Guideline

# HIV/AIDS Nutrition Intervention Algorithm



Draft HIV/AIDS Evidence-based Nutrition Practice Guideline

# HIV/AIDS Nutrition Monitoring and Evaluation 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

# 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

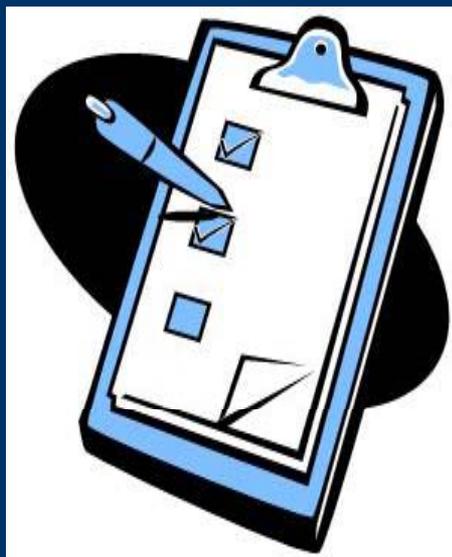
- The RD should provide at least 1-2 MNT encounters per year for people with HIV infection (asymptomatic) and at least 2-6 MNT encounters per year for people with HIV infection (symptomatic but stable, acute or palliative), based on the following:
  - Appropriate disease classifications
  - Nutritional 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
- *2<sup>nd</sup> 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)

# Guideline Review

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

% Responses	Total	Response
65%	11	Strongly recommend
35%	6	Recommend (with provisos or alterations)
0%	0	Do not recommend
0%	0	Unsure

- 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



# Contributors

## Expert Work Group

- Marcy Fenton, MS, RD, Chair
- Saroj Bahl, PhD, RD, LD
- Susan Basinger, MS, RD
- Janelle L'Heureux, MS, RD
- Linda Parker, DSc, RD, LD
- Pamela Rothpletz-Puglia, EdD, RD

## Lead Evidence Analyst

- Erica K Gradwell, MS, RD

## Financial Contributors

- American Dietetic Association
- American Dietetic Association Foundation
- Health Resources and Services Administration, HIV/AIDS Bureau, US Department of Health and Human Services
- Marcy Fenton, MS, RD

## ADA Staff

- Deborah Cummins, PhD
- Kari Kren, MPH, RD
- Esther F Myers, PhD, RD
- Joan Schwaba, MS, RD, LDN

# For More Information

Regarding this guideline:

- [www.adaevidencelibrary.com](http://www.adaevidencelibrary.com)

Regarding this presentation:

- [mfenton@ph.lacounty.gov](mailto:mfenton@ph.lacounty.gov)

# 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?

