



# CANADIAN FOUNDATION FOR DIETETIC RESEARCH

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## Canadian Foundation for Dietetic Research announces 2006 Grant Recipients for Applied Nutrition and Dietetic Research

(Toronto, June 8, 2006) — Six dietitians and their investigative teams have been awarded research grants totaling \$90,000 from the Canadian Foundation for Dietetic Research (CFDR). The projects were selected based on their potential to contribute to the body of knowledge that guides the professional practice of dietitians.

“CFDR funding allows dietitians to research the answers to questions that arise in their practice,” says Foundation President **Barb Anderson**, Pdt, MAEd, FDC. “Through their applied scientific research they are able to develop better practices as well as to communicate reliable information that Canadians trust.”

The six research projects funded by CFDR will investigate a broad spectrum of topics important to the nutritional health of Canadians:

- Would people with predialysis kidney disease benefit from additional folic acid and other B-vitamins?
- Would patients with heart failure benefit from more omega-3 fats?
- What’s the safest way to add solid foods to the diets of infants with intestinal allergy to cow’s milk protein?
- What would support the effectiveness of those who train Canada’s future dietitians?
- How can student dietitians be helped to cope with their high rate of eating disorders?
- What are the best ways to build capacity for food security through changes in policy?

### **Would people with predialysis kidney disease benefit from additional folic acid and other B-vitamins?**

Low blood levels of folic acid and related B-vitamins have been linked to a high blood level of homocysteine, a risk factor for heart disease. Since the recent change in Canada’s food fortification regulations to require the mandatory addition of folic acid to flours and most cereal grain products, blood homocysteine levels have decreased in the general population. “But we don’t know whether the fortification regulation has been beneficial to people with predialysis kidney disease,” indicates dietitian **Pauline Darling**, MSc, PhD, RD, of St. Michael’s Hospital and University of Toronto. “They are more likely to be starting with high homocysteine levels and may also be at increased risk of heart disease. It’s also likely that many aren’t getting enough of these B-vitamins and protein, because they often eat less food as their kidney function declines.” As a result, health professionals are uncertain about the adequacy of B-vitamin intakes of people with predialysis kidney disease and whether recommending B-vitamin supplements would be beneficial in these patients. The researchers will investigate blood homocysteine levels and related factors, as well as dietary intake of the nutrients that affect homocysteine levels, in predialysis kidney disease. The team members include three other dietitians—Jane Paterson RD, MSc Candidate (University Health Network and University of Toronto), Carol Huang RD (St Michael’s Hospital, Toronto), and Deborah L O’Connor, PhD, RD (The Hospital for Sick Children and University of Toronto)—as well as Dr. Vanita Jassal, MB, MD, FRCP(C) (University Health Network and University of Toronto).

### **Would patients with heart failure benefit from more omega-3 fats?**

Coronary artery disease is the leading cause of heart failure, a very common heart condition. “We know that when patients with coronary artery disease increase their intake of omega-3 fatty acids, they have improved heart physiology and an overall better chance of survival. But it is not known if a high amount of omega-3 fat is helpful in patients who have progressed to heart failure,” indicates dietitian **JoAnne Arcand**, RD, MSc (candidate), of Mount Sinai Hospital in Toronto. Her research team will break new ground by studying the effects of omega-3 fatty acids in patients with heart failure. “If our results are positive, then having a diet high in omega-3 fat, such as from fatty fish, would be a new treatment for patients with heart failure.” The other investigators for this project are Dr. Gary Newton, MD (University of Toronto and Mount Sinai Hospital), and Drs. Akshay Bagai, MD, and Johane Allard, MD (both with University of Toronto).

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### **What's the safest way to add solid foods to the diets of infants with intestinal allergy to cow's milk protein?**

In healthy infants, the typical advice is to start with iron-fortified cereal as the first solid food at around 6 months of age. "We believe that in infants with a cow's milk protein-induced enterocolitis—an inflamed digestive tract due to an allergic reaction to cow's milk protein—it might be better to introduce vegetables instead as their first solid food," indicates the team leader, dietitian **Josée Beauchamp**, RD, M.Sc., Children's Hospital of Eastern Ontario, Ottawa. The research team, which also includes Dr. David Mack, MD, FRCPC, Dr. Margaret Boland, MD, FRCPC, and biostatistician Isabelle Gaboury, PhD (candidate), will investigate gastrointestinal symptoms (such as diarrhea or blood in the stools) associated with the introduction of solid foods in infants with a cow's milk protein-induced enterocolitis. "We believe that the vegetables not only will be better tolerated by these infants as their first solid food, but also will lead to fewer food sensitivities in their first year of life." The team will also compare the food sensitivities among infants exclusively breast-fed and those who were fed with a hypoallergenic infant formula or an amino acid infant formula.

### **What would support the effectiveness of those who train Canada's future dietitians?**

The internship programs that nutrition students must undertake before practising as a Registered Dietitian in Canada provide practical hands-on experience in working with clients, patients and other health professionals in a variety of settings. "Despite the importance of this practical hands-on training to the development of new dietitians, few studies have examined the knowledge and skills required to be effective in this teaching role," indicates dietitian **Roseann Nasser**, MSc, RD, CNSD, Regina Qu'Appelle Health Region, Pasqua Hospital, Regina, Saskatchewan. Ms. Nasser and her team will survey dietitians serving as preceptors for nutrition students to investigate the knowledge, attitudes, skills and training required for the role, and to identify any barriers associated with the training of preceptors. Four other dietitians round out the team: Jean Coleman, MSc, RD, and Stephanie L. Cook, MSc, RD (both with Regina Qu'Appelle Health Region), Catherine Morley, PhD, RD, FDC (consultant and researcher), and Shawna Berenbaum, PhD, RD (University of Saskatchewan).

### **How can student dietitians be helped to cope with their high rate of eating disorders?**

Eating disorders are more common in university nutrition programs than in other college/university groups. Two Alberta-based dietitians will investigate eating disorders within the profession of dietetics as a means to raise awareness of this issue. "We will be contacting educators of nutrition students around the world to find out their experience with the issue of eating disorders," indicates **Dianne Drummond**, RD, MSc (candidate), Regional Mental Health, Capital Health, Edmonton, Alberta. Ms. Drummond and her colleague, M. Suzanne Hare, RD, MSc (candidate), aim to increase the general knowledge base about eating disorders within the dietetics profession and to facilitate the support of nutrition students who have eating disorders. "The information we are gathering will be a solid foundation for future discussions and study on this topic, ultimately ensuring that services and support for nutrition students with eating disorders are provided."

### **What are the best ways to build capacity for food security through changes in policy?**

Food insecurity—not having access at all times to nutritious, safe, and sufficient foods for good health—is a reality for at least 3 million Canadians. Dietitians **Patricia Williams**, PhD, PDt (Mount Saint Vincent University and Dalhousie University, Halifax), and **Ellen Vogel**, PhD, RD, FDC (University of Ontario Institute of Technology) will evaluate the outcomes of a national food security project funded by the Public Health Agency of Canada, 3 to 4 years after its implementation. "We will be looking at whether 11 community leaders affiliated with the Canada Prenatal Nutrition Program and/or the Community Action Program for Children have been successful in building capacity to address food security issues through influencing policy change," indicates Williams. "We want to see what structures and processes work, and what the barriers are." Other members of the interdisciplinary team are: Susan Roberts, B.Sc., M.Ed., R.Pdt. (Capacity Building for Food Security through Mentoring and Growing Food Security in Alberta), Anne-Marie Hamelin, PhD (Université Laval), John Church, PhD (University of Alberta), Madine Vanderplatt, PhD (Saint Mary's University, Halifax), and Lauranne Matheson (Public Health Agency of Canada).

CFDR President Barb Anderson concludes, "This year's competition reflects the diversity of practice in the profession of dietetics. CFDR extends congratulations to all those who participated. We look forward to this fall, when we will welcome more of these high-calibre applications for the 2007 competition."

- For more information on these and past CFDR awards, visit CINDAR, the Canadian Inventory of Nutrition and Dietetic Associated Research, at [www.dietitians.ca/cindar/index.asp](http://www.dietitians.ca/cindar/index.asp)
- For information on applying for a grant, visit [www.dietitians.ca/cfdr/grants.asp](http://www.dietitians.ca/cfdr/grants.asp)

The Canadian Foundation for Dietetic Research (CFDR) was created in 1991 by the Canadian Dietetic Association (now Dietitians of Canada), to raise funds to support research that will ensure a firm scientific base for the practice of dietetics. Thanks to the generous support of corporate donors and individual members of Dietitians of Canada, CFDR has awarded research grants annually since 1993. To date, CFDR has funded 73 dietitians and their research teams across the country, awarding more than \$830,000 in grants to support applied nutrition and dietetic research.