



Breast milk will always be the most natural food during the first six months, and every mother who can, should breast-feed her baby for herself.

Henri Nestlé 1869.

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IMPORTANT NOTICE: The World Health Organisation (WHO*) has recommended that pregnant women and new mothers be informed of the benefits and superiority of breastfeeding - in particular the fact that it provides the best nutrition and protection from illness for babies. Mothers should be given guidance on the preparation for, and maintenance of, lactation, with special emphasis on the importance of a well-balanced diet both during pregnancy and after delivery. Unnecessary introduction of partial bottle-feeding or other foods and drinks should be discouraged since it will have a negative effect on breast-feeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breast-feed. Before advising a mother to use an infant formula, she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottle-fed, more than one can (450g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast-milk is not only the best, but also the most economical food for babies. If a decision to use an infant formula is taken, it is important to give instruction on correct preparation methods, emphasizing that unboiled water, unboiled bottles or incorrect dilution can all lead to illness. * See: International Code of Marketing of Breast Milk Substitutes, adopted by the World Health Assembly in Resolution WHA 34.22, May 1981.

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Tenth Anniversary Issue

Slimming disease affects 1% of teenage girls here

SPECIAL REPORT

By Brendan Pereira

ONLY 1 per cent of teenage girls here are estimated to be suffering from anorexia nervosa, a slimming disorder marked by extreme dieting. A schoolgirl here died from it last week. Though the incidence here is low, the problem could get worse if obesity rates among the young increased while their role models remained movie stars and models. This was the view of five of the eight psychiatrists and psychologists interviewed by The Singapore Times. The good news is that the mortality rate for those affected by the disorder is low, between 5 and 10 per cent. Recently, Pui San, a 14-year-old student, died from the disorder.

ONE GIRL'S STORY

"AT THE end of the day, when I have hardly eaten anything at all, I feel a sense of achievement," said a 14-year-old student.

Her diet resulted in her weight dropping to 38 kg and her being admitted to hospital.

It all started six months before when a schoolmate teased her about being fat. At that time, she was 58 kg at a height of 1.58 m.

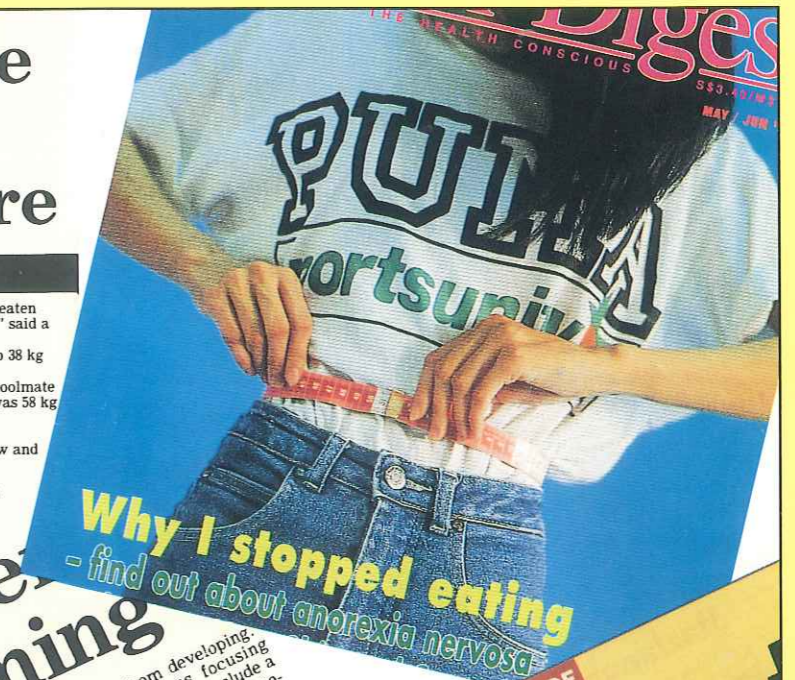
Almost immediately, she started dieting. After a while, the weight loss began to show and she started receiving compliments from her schoolmates.

Besides the strict diet, there was also the exercise regime, including an hour in the gym.

When her weight crashed to 38 kg, she lost interest in studies and kept missing school.

At home, she piled food away from her instead. Her menstruation stopped.

Her concern was more. It only took a few more days before she was admitted to hospital.



Number of girls suffering from anorexia alarming

Slimming disease affects 1% of teenage girls here

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EDITORIAL

This year we celebrate the Tenth Anniversary of the Singapore Nutrition and Dietetics Association. Many of the founder members remember the small but active group that took it upon themselves to upgrade the image of dietetic professionals in Singapore. Since then the Association has grown to include nutritionists. It is with much pride that we present the article on "Ten years of SNDA" which highlights the landmarks of progress of our Association. This issue also includes the first message to all members from our newly-elected President, Mrs Lynn Alexander.

Drs. K. H. Yeoh and Ann S. M. Chan have contributed a very interesting article on "Food Allergies in Allergic Rhinitis" which presents important insights from their experience and success in treating patients.

With the recent press coverage on Singaporean teenagers who died of anorexia nervosa, our Association has taken a timely stand on the role of dietitians in the treatment team. In this issue, we are fortunate to be able to share the experiences of two of our members who have been very active in the management of such patients in Singapore.

The editorial team of our *Journal* strives to present articles of current interest. We look forward to your contributions in maintaining our *Journal's* high profile and scientific integrity while serving the information needs of our members and readers.

Anna Jacob
Editor

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Into the second decade ...

... upholding professional standards



SNDA has matured to ten years of age! While still in our infancy compared to many other associations, we have nevertheless come a long way and have much to be proud of.

Some of our achievements and milestones in the last decade are outlined in the article "Ten years of SNDA". But where will the next decade lead us?

As a profession we are now more recognised than ever, with the rapid growth in knowledge of foods and nutrition in recent years. Our domain is likely to keep increasing in the years to come. But we must continue to be active and not passive if we are to stay to the fore.

The growth of the field of clinical nutrition has attracted other professionals such as doctors, nurses and pharmacists to become interested in particular specialized areas of nutrition, in situations such as chronic renal failure, diabetes, TPN etc. Food service and food industry personnel are also becoming interested in nutrition. To what extent will these individuals become our competitors? Rather than being defensive I believe we should view these developments positively. After all, it is only through our allied professionals' greater understanding of nutrition that they can fully appreciate the importance of the nutritionist/dietitian's expertise. There are also increased opportunities for our profession to be involved in community health promotion programmes and in private industries. This means that a wider scope of skills and training will be needed. The challenge that lies ahead for dietitians and nutritionists is to enter and conquer new professional territories. If we are complacent, however, and do not make every effort to stay ahead, we risk being left behind.

Maintaining our professional credibility, both individually and collectively as an Association, is vital if we are to foster respect and enhance our image among our allied professionals. SNDA must take the lead in the field of nutrition and dietetics. This means initiating lectures, seminars and publications for discussion of new scientific developments and dissemination of nutrition knowledge among fellow

health care professionals and to the public. Our continuing education activities for our members are also crucial, as they reflect our commitment to constantly update our professional knowledge and upgrade our skills. Every member is urged to join the Continuing Education Scheme so that we are seen to be a vital and dedicated group of professionals to be reckoned with.

In view of the increasing numbers of nutrition and dietetics professionals which will be required in years to come, training on home ground is being considered seriously. SNDA seeks to be consulted in the planning stage to ensure that home training will not lower professional standards, and that the training offered will be comparable to that in the best overseas institutions.

Currently, those applying for SNDA membership with less than a Bachelor's Degree or Postgraduate Diploma are not eligible for full membership. We encourage the various parties involved to consider all the implications very carefully before embarking on a local course offering less than the current acceptable minimum qualifications recognised by SNDA.

I am fortunate that my predecessors have had the vision and the drive to make the Association what it has become today. They have set a high professional standard which has brought us to the fore of nutrition and dietetics. I am privileged to be entrusted to lead the Association into its second decade, and I am confident that with the full support of the members we can progress even further and go forward with a new confidence as a credible and established professional body.

Lynn Alexander

Lynn Alexander
President

Making history

The very first meeting of dietitians in Singapore to discuss the possibility of setting up a professional association took place in 1983 at one of the local hospitals. There was an almost full turn out of the dietitians currently working in Singapore and even some who were not practising or retired.

Agreement was swift and unanimous that the time was ripe for formation of a professional body. A Pro-tem Committee was formed and entrusted with the formidable task of thrashing out the Association's aims and objectives, drafting the Constitution and deciding basics such as a name and how much the membership fees would be.

Guidance was obtained from Registry of Societies, and advice kindly rendered from a member's lawyer husband. We also had the assurance from generous benefactors in industry, of financial help to kick off our inaugural events and journal.

In 1984 we submitted our Constitution to Registry of Societies for approval, and waited. We were gazetted officially on 24th May 1984 and our Inaugural Meeting was held in February 1985.

These days people are very health conscious so the dietitians in Singapore felt that there was a need to form a proper association to disseminate information on food and nutrition ... We are a small group, but if we each play our part we can be very effective.

Mrs Fatimah Lee, President, 1984 - 1986

See how we've grown!

... from 24 full members in the founding year to 62 full and 30 affiliate members currently. But it is not only in numbers that we have grown. We have matured professionally, and the scope of our activities has widened to a degree far beyond our original expectations. Read on if you need convincing!

What do we publish?

Our Journal of course! Originally "The Singapore Dietitian" and later "The Singapore Journal of Nutrition and Dietetics", it has produced 17 issues. The Association is justly proud of the Journal for its attractive high quality appearance and relevant professional content. Moreover, almost every issue has been able to pay for itself, thanks to the tireless canvassing efforts of the Editors and the generous support of our advertisers. Since its inception, our Journal has been sent to all the doctors practising

in Singapore, helping very much to promote our profession and make us more visible to our fellow health professionals.

Besides the twice-yearly Journal, we have published other materials. We have a brochure entitled "Better health through good nutrition", which describes the objectives and activities of the Association and how to become a member.

In 1988 we published our "Position Statement on Dietary Management for Individuals with Diabetes Mellitus". This was used as a reference document during the recent deliberations of the National Diabetes Commission.

In 1989 we published a 57-page "Proceedings" of our "Symposium on Nutrition and Our Changing Lifestyle".

We also published a pamphlet entitled "Nutrition Tips for Teens", in conjunction with the 1991 Health Campaign.

We even had a leading letter printed in the Forum page of The Straits Times last year, on the topic of anorexia nervosa.

Dietitians should make their skills and expertise more available, as eventually it will be up to themselves to convince their fellow-health professionals and the general public that good nutrition needs a dietitian!

Mrs Helen David, President, 1986 - 1988

Serving the community

Serving the general public through educational activities has always been a priority for SNDA.

In our early days we wrote a series of six articles on therapeutic diets which was published in the Sunday Times.

Our members conducted several workshops on Cholesterol at MOH Polyclinic Health Promotion Centres.

We have participated actively in National Health Campaigns starting with the Nutrition Week in 1989, where, among other activities, we played a consultancy role in

"Hearty's Cafe". In conjunction with that same Nutrition

Week, we organised a full-day symposium for professionals with 18 invited overseas and local speakers. Entitled "Symposium on Nutrition and our

First Column. Name.	Second Column. Place of Business.	Third Column. Date of Registration.
Tangs Sports Club	c/o C. K. Tang Ltd., 320 Orchard Road, Singapore 0923	22nd May 1984.
The Seven Crafts Club	#01-01 Tong Building, 302 Orchard Road, Singapore 0923	23rd May 1984.
Singapore Dietitians' Association	Singapore Professional Centre, Block 23, #03-129, Outram Park, Singapore 0316	24th May 1984.
Chim Moh Merchants & Shops Merchants Association	Block 12, Chim Moh Road #01-02, Singapore 1027	25th May 1984.

Changing Lifestyle" it was attended by over 200 participants.

We took a booth at two National Health Fairs where we distributed pamphlets and gave advice to the public.

We arranged a telephone hotline to answer nutritional queries from the public during one of the Health Campaigns.

Talks were also given by SNDA members at Health Fairs and Public Forums during each of the Campaigns.

Serving the members

Besides working for the betterment of the profession, to the benefit of all the members, another important commitment we make to our members is to provide them with educational activities by which they can upgrade their knowledge and skills. Through our Continuing Education (CE) Scheme, launched in 1990, we offer recognition to members who fulfil the CE requirements by awarding them the prestigious Singapore Professional Centre "Continuing Education Certificate".

There will always be enough diseases and severely restricted diets to keep us busy, but we will do more for our image if we align ourselves with great-tasting, beautiful food that is fun to eat. Dietitians are the perfect link between nutritional science and consumer need, translating (nutrition) messages into healthy food choices.

Ms Susani Karta, President, 1988 - 1990

After careful debate and dialogue sessions with nutritionists it was decided in 1990 that rather than have two separate bodies "competing" as it were for limited resources, it was more practical to join forces and have one single association to represent both branches of the nutrition and dietetics discipline. The Association's name was officially changed from **Singapore Dietitians' Association** to **Singapore Nutrition and Dietetics Association** on 31 Dec 1990. (Incidentally, this also solved our problem of having the same initials as the Singapore Dental Association!)

As I reflect on the past year there is a feeling of pride that each and every member can share. The SNDA is maturing to face its future.

Mrs Evelyn Fong, President, 1990 - 1992

Involvement at high level

It is very gratifying to note that in recent years, SNDA has been invited to be represented in an advisory role on various national level committees. In this way we have had an opportunity to help shape the nutrition policy of our nation.

We have been represented on:

- National Committee on Prevention and Control of Obesity
- National Diabetes Commission
- FND (MOH) Working Committee on Promoting Healthy Eating in Hospitals

We are well-connected!

SNDA does not exist in isolation. We are affiliated to a number of prestigious local and international bodies.

SNDA is:

- a member of the Singapore Professional Centre
- a founding member of the Asian Forum for Dietetic Professionals
- a member of the Federation of Asian Nutrition Associations
- a member of the International Committee of Dietetic Associations.

Working together for nutrition

We have worked hand-in-hand with many professional groups, in organising lectures, seminars, exhibitions and in an advisory capacity. Here are some of the groups we have had the privilege to work with:

- Singapore Sports Council
- National Heart Foundation
- Singapore Institute of Food Science and Technology
- Perinatal Society of Singapore
- International Life Sciences Institute, SE Asia
- Academy of Medicine, Singapore
- Gerontological Society of Singapore
- National Foundation of Digestive Diseases

SNDA's credit card

Everyone's mark of success these days is their credit card, and SNDA is proud to have its very own credit card! This unique card, which is embossed with the Association's name, is made available to the members through Maybank.

Seeking new opportunities and breaking new territories are part of the excitement in the ever-evolving field of nutrition and dietetics. Keep on striving!

Mrs Yeong Boon Yee, President, 1992 - 1994

And so to the future ...

At the end of these first ten very exciting years of SNDA, we can look back with great satisfaction. The pace has been set, and we must not slacken, but build on what we have achieved in our founding years. We have an Association to be proud of; let's look forward to an even more vibrant and rewarding second decade of SNDA!

WITHOUT

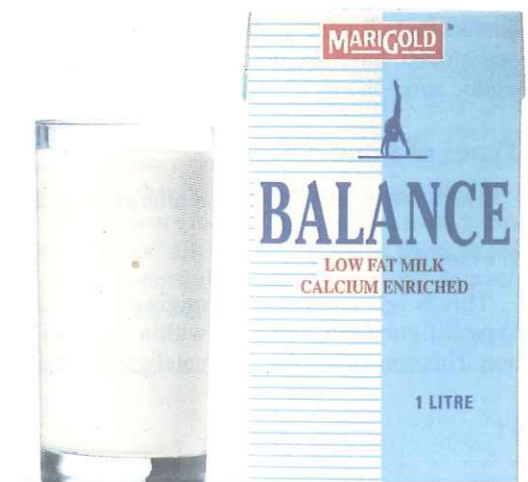


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Food Allergy In Allergic Rhinitis

K H Yeoh, FRCSE, FAAAA
Clinical Professor and Head
Department of Otolaryngology
National University of Singapore

and Ann S M Chan, MBBS, Assoc AAOA

The Definition of "Allergy"

An allergy represents an altered reaction where cells respond to substances entering the body in an unusual and usually adverse manner, where this is not expected to be so.

Why Does an Allergy Occur?

In our present industrialised environment many inhaled and ingested pollutants enter our body daily. Excessive free oxygen radicals result which cause major damage to our cells and cell nuclei, thereby altering the behaviour of the cell. Damage to the DNA is possibly the most dangerous result of free radical attack, and its repair capacity is linked to the strength of our immune system. Alterations in normal cells from the DNA damage make it more difficult for the immune system to recognise self from non-self. Most degenerative diseases, such as premature ageing, SLE, and Alzheimer's disease, are accompanied by damage to the immune system.

Concept of the "Allergic Iceberg"

Most of the adverse events occurring within the body when an allergic response takes place are hidden, like the submerged body of an iceberg. The symptoms that show are only those events that come to the surface and are noticed. These are what bring the patient to the doctor.

Other unseen pathological changes that may appear years later may be the more compelling reason to treat a food allergy than the presenting symptoms which may be relatively trivial.

Food Allergy

"Food Allergy" has been called the "Many Syndrome Disease" - many symptoms, many organ systems, many studies, many failures, many doctors. Because of the protean nature of the signs and symptoms of food allergies, the food allergic patient will have been to see many doctors including an otolaryngologist, ophthalmologist, neurologist, internist, dermatologist, psychiatrist, orthopaedic surgeon etc.

Types of Food Allergy

There are two types of food allergy generally seen:

1. Fixed Food Allergy.

This is IgE mediated, belonging to Gel & Coombs Type I. Symptoms come on within hours of consumption. This constitutes approximately 5% of the total cases

and the frequency of ingestion does not modify the occurrence or the degree of sensitization. A reaction that has not subsided following absolute elimination for two years may be considered a fixed food allergy.

2. Cyclic Food Allergy

This is a non-IgE mediated allergy, belonging to types II, III or IV, and makes up 95% of food reactions. The reaction is exposure dependent and the development of the cyclic food allergy may take years. Symptoms come on from four hours to several days after ingestion, and diagnosis is usually unsuspected by the patient, because the phenomenon of bipolarity "masks" food reactions.

There are six stages in the cyclic food cycle:

1. masking
2. period of omission
3. hyperacute sensitization
4. active sensitization
5. latent sensitization
6. tolerance

Patients are generally seen by the doctor during the "masked" phase. Following the ingestion of food, the food allergic patient experiences an abnormal reaction which is stimulatory before it becomes depressive. The stimulatory phase occurs in the central nervous system and 'turns on' the patient. The patient thus perceives this as a beneficial reaction. The symptom progression is always one of stimulation preceding depression, so that when the patient sinks into depression or unpleasant feeling, he or she remembers unconsciously the stimulatory phase and again ingests the food to achieve this "high". These phenomena of bipolarity and constant ingestion of the food totally obscure or mask food reactions, so that patients with cyclic food allergy seldom, if ever, self-diagnose their problem. This is even more true when patients suffer from multiple food allergies.

If the food is omitted from the diet for at least ninety-six hours, the patient's reaction to the food will usually change from the stage of masking to the stage of hyperacute reaction. When a food is eliminated from the diet, the patient may thus experience severe (withdrawal) symptoms before there will be complete remission of symptoms. The patient may thus get worse before getting better.

When a sensitive food is totally omitted from the diet, the patient will pass through a phase of active sensitization where the food causes symptoms every time it is eaten, to latent sensitization where ingestion of the food produces only mild symptoms if the food is not ingested repeatedly.

Continued omission of the food will eventually lead to the phase of tolerance in most cases, but in some cases this stage is never reached regardless of the length of time the food is left out of the diet.

If the stage of tolerance is to be maintained, the food must be eaten not more than once every four days. If the food is eaten with the original frequency, the patient will pass through the stages of tolerance, latent sensitization and active sensitization, and hence the patient will have gone through a complete cycle of the various phases of sensitization.

History

A food allergy should be suspected if: the patient has a history of food allergy in childhood, symptoms are perennial, symptoms do not change with change of locale, symptoms improve with a religious fast, symptoms worsen after meals, symptoms are relieved with eating a certain food or when certain foods are craved for, and when there is fluid retention or frequent weight fluctuation or persistent symptoms in spite of adequate control and treatment of inhalant allergies.

Signs and Symptoms of Food Allergy

The following are commonly seen in our ENT Clinic:

- Classical allergic rhinitis
- Phlegm in throat
- Chronic cough/postnatal drip
- Headache
- Nasal polyposis
- Recurrent sinusitis/upper respiratory infection
- Tinnitus, vertigo, deafness e.g. Meniere's disease

However, as mentioned earlier, food allergy can present itself in a multitude of ways, sometimes seemingly bizarre.

Diagnosis and Intradermal Provocation Food Tests

The diagnostic concept for the identification of food allergy as practised by otolaryngic allergists originated from the astute observations of Drs. Carlton Lee, Herbert Rinkel, French Hansel and Theron G. Randolph in the early 1930's.

The gold standard of testing food allergies is the Oral Challenge Food Test (OCFT) which requires the patient to be hospitalised in an environmental care unit, after which foods are introduced one at a time and their reactions noted.

In today's world, the above tests are seldom feasible. The Intradermal Provocation Food Test (IPFT), approved by the American Academy of Otolaryngic Allergy, was found to have 80% correlation with the oral challenge food tests.

This test is conducted by injecting intradermally, serially diluted food extracts. A 7 mm wheal is raised and this is measured after ten minute intervals. Controls are carried out for histamine as well as serially diluted diluents used in the food extracts.

Commonest Food Allergy in Singapore

Over 1200 patients diagnosed with food allergies were tested by us using the technique of IPFT. The most common food allergies were found to be:

Soy	-	41.1%
Corn	-	32.5%
Malt	-	28.5%
Baker's Yeast	-	22.0%
Egg	-	21.2%
Wheat	-	20.3%
Milk	-	16.4%

Treatment

After the diagnosis is made and confirmed, the treatment of choice for cyclic food allergies is by eliminating the offending food from the diet, combined with a rotation diet for the rest of the foods. In a rotation diet, the patient is allowed to eat a particular type of food once every four days.

The treatment of the fixed food allergy is relatively simple as the patient usually comes with a clear history of severe or uncomfortable symptoms following the ingestion of the allergic food. Common examples of this group are prawns, lobsters and other crustaceans, peanuts, and mangoes which may cause immediate urticaria or even anaphylaxis in severe cases.

The elimination of the "hidden" foods, the commonest foods incriminated in delayed food hypersensitivities, requires a great deal of discipline and cooperation from the patient. Food fact sheets are provided to guide the patient on his choice of food. Soy, for example, is used as a universal filler in a large number of packed foods and an uninformed patient will be consuming large quantities of soy unsuspectingly unless he is guided and becomes aware of which foods contain soy. The success of treatment largely depends on the motivation which in turn, depends on the severity of the patient's symptoms. A six-month period of avoidance is advised after which the food can be rotated back into the diet. It is also best to rotate all other foods so as to avoid developing new allergies.

Results

Seven out of ten food allergic patients suffering persistent symptoms from allergic rhinitis, phlegm in the throat, chronic cough and recurrent colds, improved remarkably with diet restriction. Headache/migraine patients do even better - eight out of ten are relieved dramatically, often for the first time in decades.

Conclusion

Because the incidence of a food allergy is so common and the allergy can afflict the body in so many ways, it is obviously extremely important to be aware of such an allergy. Unfortunately, general awareness both from within and outside the medical profession is still regrettably low. Dietitians are in a unique position to help educate patients on food allergy and to assist them in following a diet to control their allergy, in order to avoid nutrient deficiency or malnutrition.

An Interview with Dr Douglas Kong on Anorexia Nervosa and Bulimia

Interviewed by Kath Walsh

Cases of eating disorders have made the news recently in Singapore, and in the West much has been written about such disorders, especially in the popular press. With the impression that the incidence of eating disorders, Anorexia Nervosa and Bulimia, is on the rise in Singapore, Dr Douglas Kong, currently a psychiatrist in private practice, discussed these disorders including their causes and clinical symptoms with SNDA's Editorial Committee member, Kath Walsh.

Walsh: Are Anorexia Nervosa and Bulimia new disorders?

Kong: No. In fact, cases of extreme fasting and related behaviours were described in medical literature as early as 1500 AD. Locally, older physicians recall such cases and the response in those days was to force-feed patients. The psychological aspects were not understood at that point of time.

Walsh: What are the differences between these two eating disorders?

Kong: Anorexia Nervosa is a disorder characterised by a desire for slimness. The anorexics usually starve themselves as they have a distorted body image. Their whole behaviour and thoughts revolve around food and not gaining weight. The classical symptoms are a loss of menstruation (amenorrhea) and fine downy body hair (lanugo). On the other hand, Bulimia may occur in obese patients as a result of being teased about their weight and size. It often manifests itself through cycles of bingeing and induced vomiting. Often laxatives are used to precipitate further weight loss.

Anorexia Nervosa and Bulimia can coexist and in some cases Anorexia Nervosa can lead to Bulimia.

Walsh: Why is there an increase in such disorders?

Kong: Many factors are linked to such disorders, especially psychological ones. Anorexics often come from a dysfunctional family background. They try to keep the family together by being sick or maintaining the image of a child. They are fearful of the demands of adulthood, wanting to be a child forever. It is a struggle for control and food is the means of control. Anorexics are often victims of emotional abuse and the result of poor family dynamics.

Bulimics are different. Their disorder is to do with ambivalence. A bulimic binge can be brought on because bulimics have powerful feelings of anger and aggression in their relationships. This hostility is transferred to food and binge eating. These cycles of bingeing and vomiting repeat themselves. Bulimia has an association with

depression. Because of this, bulimics can respond well to treatment for depression.

Walsh: What is the profile of a sufferer of such disorders?

Kong: More women than men suffer from Anorexia Nervosa and Bulimia. Females are usually in their teens or early twenties, post-pubertal. A failure to individuate leads to Anorexia Nervosa and Bulimia. Social aspects also play a role. The media and society portray slimness as desirable and so there is much pressure on young people to attain this image. Anorexia Nervosa can often occur in individuals with occupations like modelling, where slimness and attractiveness are regarded as valuable assets. Anger and poor self-image can contribute to Bulimia.

Walsh: What are the common nutritional problems associated with these disorders?

Kong: Bulimics may experience an electrolyte imbalance from the induced vomiting. However, besides this, for anorexics their starvation induces dehydration and eventually physiological shock. Both are malnourished and in many cases they exercise excessively which can compound their nutritional problems.

Walsh: What role can the dietitian play in the treatment of such disorders?

Kong: Dietitians can be part of a multidisciplinary team looking after such patients. The dietitian's role is to educate the patient on what constitutes good nutrition and the role of nutrition in normal growth. She can formulate diets, patterns of eating and demonstrate what to eat for the body to function properly. She can emphasise that eating nutritious food and a balanced diet does not necessarily mean putting on weight. Another important factor she can bring to her treatment approach is motivating the patient and she can also help the patient to understand that this eating style leads to complications - that there are downsides.

Dietitians interested in taking a more active role may need training to see the broader picture of the team approach.

Through interest and training, the dietitian can help patients to individuate - be themselves, gain self-confidence and be independent.

Kath Walsh is currently a principal lecturer at Ngee Ann Polytechnic and is an active member of the SNDA.

Anorexia Nervosa - A Case Study

Selena Chan, B.Sc. Dip. Nutr. and Diet.

Dietetic Treatment

Initially the patient was referred by the doctor as an outpatient for a 3000 kcal diet with an aim of a 1 - 2 kg weight gain per week. Her caloric requirements were about 1500-2200 kcals/day. I provided her with a basic diet plan consisting of 3 meals and 1 snack equivalent to 1000 kcals/day which I felt was more realistic and less frightening to the patient than trying to achieve 3000 kcals/day straight away. As for any other patient, each meal plan was individualised with consideration of the patient's past eating habits.

The caloric content of the diet was not mentioned as anorexics tend to become obsessed with counting calories. Instead areas such as dieting in general and healthy eating habits incorporating all the food groups were discussed. The patient and I then reviewed her current diet and discussed how we could adjust it to provide a more balanced healthy diet. It is important to involve the patient as much as possible as ultimately she will have to manage her own diet. The diet consisted of only conventional foods to provide a balanced diet, aiming for about 50% of the energy to come from carbohydrate, 25% from protein and 25% from fat. A meal plan using an exchange system was provided and it was explained that this was to help restore weight and to introduce a healthier lifestyle, thus allowing for normal growth and development. It was also stressed that the aim was not to make the patient fat.

The patient was also asked to keep food records and to note down her feelings / anxieties each day.

She returned for a weekly review for two weeks but had shown no sign of improvement and no weight gain. Further modifications were suggested but a list of excuses were given, such as, 'I don't like snacking between meals' and 'I can't eat a lot at one time' and there was continual bargaining and requests for caloric contents of foods.

Following a discussion with the medical staff she was admitted into hospital mid-September.

Her admission weight was 39.5 kg. After admission there was more control over her dietary intake, observation of her eating habits and frequent visits were made to further build rapport. A contract was drawn up with doctors specifying her required target weight/discharge weight and an aim to gain 0.5 kg - 1 kg/week was set. It involved privileges and restrictions, such as no exercise and no visits to the toilet until one hour after meals.

Initially the patient followed the same diet outline as given during outpatient counselling, which was to be gradually increased to meet nutritional requirements as eating became easier.

Her weight further dropped over the next week, and this was put down to unfamiliar food and the environment. Plenty of encouragement was given. The reasons for eating properly and gaining weight slowly were reinforced through discussion, but to avoid further anxiety less focus was placed on actual weight gain. During the following weeks the patient adjusted and the food intake was gradually increased, including the addition of snacks. Her daily energy intake was increased by 200-400 kcals each week or fortnight. Her weight began to increase.

A distorted body image, avoidance of food intake, and the maintenance of sub-optimal body weight are common symptoms of a person with anorexia nervosa. For most people desiring weight loss, various methods are used, such as undereating, avoidance of high caloric food and increased exercise, but anorexic patients tend to go beyond this. They are unable to stop dieting and often develop more dangerous habits in the pursuit to be thin, including self induced vomiting, purging with large doses of laxatives and the misuse of diuretics and appetite suppressants. This is a psychological condition in itself but they may also suffer from depression, social withdrawal, pre-occupation with food, obsessional behaviour, reduced alertness and poor concentration.

Fortunately in Singapore the small number of anorexic patients whom I have seen have not been the extreme typical anorexics.

This case study gives an example of how one anorexic patient has been treated but it must be understood that all patients are individuals and thus different approaches are required.

Background

Patient was a 14 year old female secondary school student who enjoyed socialising and playing netball. As a primary school child she was always plump but now as she grew older she became more self conscious and aware of her physical appearance and was under pressure from her peers.

At the start of 1993 her weight was 49.5 kg (75th percentile) which corresponded to her ideal weight for her height. But she felt that she was overeating and gaining too much weight. At this point she started to diet and by the time of the interview in September she was 39.7 kg. She knew that she was now underweight but was happier with her appearance. This was despite her initial aim of losing 4 kg to bring her weight down to 45 kg, which she believes to be her ideal weight. Caught between two ideas, attaining her ideal healthy weight and feeling and appearing to herself to be too fat left her in a dilemma.

Her usual diet was typical of a girl her age, i.e. about 1500 kcals/day. She tried various diets to lose weight. Initially she restricted herself carbohydrate only diet and then reduced this further to 400 kcals/day with even less carbohydrate. At this stage the maid began to cook separate meals for her and she became actively interested in reading food labels and diet articles in magazines.

Aims of Dietary Counselling

The aims of dietary counselling were :-

- establishment of normal, healthy and balanced diet intake
- weight restoration
- weight maintenance according to growth

Selena Chan is a Clinical Dietitian at the National University Hospital and a Main Committee member of the SNDA.

However, this was accompanied by heightened anxiety. The aims of the treatment were reiterated over the weeks and as treatment progressed, nutrition principles rather than rigid meal plans were conveyed. These were further supported with family involvement and group education sessions with other anorexic patients. As her weight began to increase, more privileges were given such as family outings, weekend leave and allowing her to attend school.

One month after admission she had reached her target weight of 43 kg and was then discharged. Another contract was drawn up which specified initial weekly follow-ups, continual weight gain and if the patient did not gain weight she was to be readmitted. A diet outline providing 1600 kcals/day made up of three meals and three snacks was given to the patient to follow at home and it also included an exchange list.

Outcome

Since her discharge, the patient has gradually gained weight and has reintroduced some light exercise but menstruation cycle has not returned. There was only one occasion when she lost weight which was due to illness. She has so far succeeded in modifying her eating habits, with an intake of three well-balanced meals. Her daily routine includes two snacks which makes her energy intake around 1500 kcals/day. Eating the same meals with the family is no longer a fear, but she still expresses some fear of gaining weight too quickly and she still has queries on her allowance of different foods.

Her weight now is 46.7 kg and she continues to see me for monthly reviews for further reinforcement and assurance.

Conclusion

The treatment of anorexia nervosa patients is very individualised and often time consuming. Patients can be seen on an inpatient or outpatient basis. Dietetic intervention is one important area in the overall treatment of the anorexic patient, aiming ultimately to restore healthy eating habits and the maintenance of weight within the normal range.

It is important to liaise with the other health professionals involved, the patient's family and most importantly with the patient. Developing a trusting relationship with the patient increases the chance of success and thus makes the dietitian's role more rewarding.

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The Eating Disorders Self Help Group

Louisa Zhang, M.Sc. Nutr.

In this report, Louisa Zhang introduces the Eating Disorders Self Help Group that she runs in Singapore. The article discusses the aims of the group and the problems faced by the nutritionist.

The idea of the need for an Eating Disorders Self Help Group started in 1993, when I was approached by two friends for advice on how to cope with their daughters, one who had bulimia and the other, anorexia. I then approached the Ministry of Health, school principals, psychiatrists and lecturers at the National University of Singapore for statistics on the prevalence of the problem. Although it was hard to come by reliable data, all the professionals I approached found the idea of a self-help group laudable.

Aims

The short term goal of the group is not to offer treatment or miracle cures but to provide information about where affordable treatment is available and to provide support for the sufferers, family and friends. The long term goal of the group is to expand the group and provide a higher standard of readily available help for people with eating disorders.

Starting Up

The Eating Disorders Self Help Group was given publicity in the press and a magazine. Respondents are asked to confirm their condition with their regular family physician. Upon referral, I meet with individuals to assess their condition. The next step is for the sufferers

Louisa Zhang is a nutritionist running a private practice "Imagique" and a member of the Main Committee of the SNDA.

to undergo a psychological test conducted by a psychiatrist, to help identify their underlying problem.

Working in Partnership

A vital link that I try to develop is a partnership with the doctor, nutritionist and the sufferer, so that the health of the sufferer can be monitored regularly as intervention progresses.

Need for Individualization

Each sufferer is different and must be approached with respect, compassion and acceptance to develop trust between the patient and the counsellor. The message I try to convey is "You are not alone"

Reviewing Success

Of the dozen committed members of the group, one has indicated recovery. Recovery is measured by self-reported improvements in eating behaviours and reports from parents. Dealing with members of the group can be time consuming and emotionally draining. Many a time sufferers are reticent about group activities as they do not want to share their problems with strangers nor do they want family and friends to discover their problems. The high relapse rate among group members is also dampening.

However, it is important to provide individualized support for each member of the group at the crucial time to prevent the tragic consequences of eating disorders. Through this group I hope to be able to provide a safety net for each of them in case their problem turns critical.

The Eating Sickness: Anorexia, Bulimia and the Myth of Suicide by Slimming

Reviewed by Lydia Loy, B.Sc. (Hons.) Hum. Nutr.

Jill Welbourne and Joan Purgold
ISBN 0-7108-0478-4
ISBN 0-7108-0951-4 Pbk
The Harvester Press (1984)
163 pp. Paperback
Price \$28.60

This book is co-authored by Jill Welbourne and Joan Purgold. The former is a clinical assistant in Psychiatry at the Department of Mental Health while the latter works as a research associate with the anorexia project, at the Department of Mental Health, University of Bristol. Both authors have worked closely with anorexic patients and thus have discussed the various aspects of the disorder based on case histories and personal contacts. This book explores the myth of 'suicide by slimming' with compassion and examines the disastrous path of catastrophic events which can lead from excessive dieting to anorexia nervosa.

In the introduction, the authors defined the eating disorder according to the way they perceived the sickness. No matter how marked the weight loss or how long the amenorrhoea has lasted, it is not appropriate to call the condition anorexia nervosa unless the patient is preoccupied with controlling weight and has a constant pervasive fear of weight gain. As anorexia nervosa afflicts predominantly females, only female patients are discussed in the diagnosis and treatment. In the author's view, "anorexic" is also the correct adjective for girls of near normal weight who compulsively overeat and then are so fearful of getting fat that they either induce vomiting or use laxatives. They reserved the term "bulimic" as an adjective to describe the episodic overeating behaviour. Three groups of patients suffering from the eating sickness have been identified. The straight starvers (classical anorexia nervosa sufferers), failed starvers (formerly thin girls who binge and vomit) and wistful would-be starvers (girls whose weight has never dropped much below their healthy weight range but who are helplessly entrapped in the binge-vomit or binge-purge cycle). The difference between the three groups is in the effectiveness with which they achieve weight loss because they are all essentially trying to achieve the same goal.

The first chapter provides some historical information on the eating illness and follows through the changes

of the medical view of the disorder. The set of criteria for diagnosing and classifying the symptoms of anorexia nervosa as defined by J.P. Feighner was considered to be stringent and good for research purposes. The authors translated the quoted criteria into a recognisable picture of a human being and introduced the readers to the disorder described outside the clinical setting.

The second chapter examines the various behavioural manifestations of the disorder. Physical symptoms and stress reactions leading to the presentation of symptoms, such as obsessionality and hyperactivity, were discussed in the form of case studies.

The dilemma faced by the patients' family, particularly the parents is discussed in the third chapter. The stress and emotional struggle between the child and parents complicated by the nature of therapy is explored here. The therapist is best seen not to be involved in the family's politics.

In chapter four, the authors revealed the sufferer's guilt and distress from bingeing followed by starving and purging. Other possible health hazards such as tooth decay from induced vomiting, biochemical imbalance and muscle fatigue were also discussed.

Chapter five explains the need for openness and trust between the therapist and the patient for effective treatment. External help can be simply rendered ineffective by making a wrong comment or failing to understand the patient's way of thinking and the need for gaining control. The therapist and the patient's family need to understand the rigid rules of her anorexic lifestyle. The need to achieve academic goals and to adhere to rigorous training programmes are two typical areas she often accords the status of "good" or "right".

Chapter six discusses the social setting of the eating disorder. Increasing affluence of society and the higher socio-economic background predispose young girls to this eating disorder. Young, intelligent girls from families of professional parents are more likely to be haunted by the constant fear of failure and are thus more vulnerable to anorexic thinking.

Chapter seven looks closely at some of the complex feelings of the anorexic and how she can be encouraged and helped to achieve a complete and permanent change in her anorexic philosophy and lifestyle.

Chapter eight describes some of the feelings which arise in the patient during recovery. The rediscovery of the ability to laugh as well as to cry is an important sign indicating her perfectionist thinking yielding to a more realistic and mature view. The tolerance of her own shortcomings and thus acknowledging her own intrinsic worth are the two most important steps to complete recovery.

Chapter nine defines the criteria used for declaring a complete recovery. The five-fold criteria include: the ability to eat three regular meals a day as an ordinary

state of affairs: weight to be stable within 15% of average expected weight without significant fluctuations or excessive worry; the return of regular menstruation; the ability to take up a job or meaningful activity; and renewal/development of an age-appropriate close relationship. Here, the authors emphasised the point that with the right help, complete recovery is within the reach of every sufferer.

Chapter ten concludes the book with the authors' belief that a total objective approach to this illness, which is a manifestation of a subjective experience, is unlikely to lead to a lasting cure.

Comments

This book enables its readers to have a better understanding of the social and psychological pressures faced by the anorexic victims. A sufferer of anorexia nervosa

is not just exhibiting an eating problem but more of a psychological one. To reverse an anorexic's dangerous assumptions about herself, patience, sympathy and supportive understanding from her loved ones as well as her therapist are important. However, perhaps the authors should have written the book in a more systematic format - to be straight to the point. The many cases quoted in the book are useful in illustrating the complex feelings of the anorexics but the book may captivate the reader's interest more if the style is more readable. Nevertheless, the book has provided interested readers with more knowledge on how to help an anorexic, and a detailed examination of the fear and complex thinking of an anorexic. Most critically, the book has pointed out the important fact that the eating disorder, anorexia nervosa, stems not from medical condition but the psychological thinking of the patient.

Singapore Nutrition and Dietetics Association

APPLICATION FOR MEMBERSHIP

Application forms are available from the Honorary Secretary, Singapore Nutrition and Dietetics Association, Tanglin P.O. Box 180, Singapore 9124.

MEMBERSHIP

Full members must hold a degree, diploma or any other recognised professional qualification in dietetics or nutrition. Please assist us in processing your application by submitting the following:-

1. A copy of degree/diploma
2. Course syllabus and description
3. Transcripts
4. Other supporting information such as work experience and verification statement from other dietetics/nutrition associations.

Affiliate members shall be any person who, in the opinion of the Committee, holds a scientific qualification in medicine, health or food science and occupies a position allied to the profession of dietetics, and/or nutrition.

Corporate members shall be any suitable corporate body interested in work of the Association and in the promotion of dietetics and nutrition.

Persons eligible for full membership shall not be entitled to affiliate membership.

MEMBERSHIP FEES (fiscal year is June-May)

Full members shall be required to pay an annual membership fee of \$60.00. Full members joining part of the way into the year may pay a pro-rated subscription, this being calculated from the beginning of the month after membership is confirmed.

Affiliate members shall be required to pay \$20.00 per annum. Affiliate members joining in the second half of the year (Dec-May) may pay \$10.00.

Lydia Loy is a dietitian who also works as a school teacher. She is a member of the Editorial Committee of the SNDA.

President's Annual Report 1993 - 94

The Year in Review

1993 was a relatively quieter year for the Association in terms of activities, compared to hectic 1992, when SNDA and its members participated actively in various nutrition promotion programmes at the launch of the ten-year National Healthy Lifestyle Campaign.

Nevertheless, the dedicated members of the main and sub-committees worked at their agendas and initiated the preparation for the Association's tenth anniversary programmes. A "Grains & Pulses" cookbook is being compiled and targeted to be published by the end September, 1994. It is hoped that the book can be launched in conjunction with a scientific seminar to be organised by the SNDA, which will also be an activity undertaken by SNDA to support the National Healthy Lifestyle Campaign scheduled for September/October 1994.

With the departure from Singapore of several active members and the change in the Association's constitution for affiliate membership, the Association slowed down in its expansion.

In 1993, SNDA co-sponsored three active members to the 15th International Congress of Nutrition held in Adelaide. A total of eleven SNDA members attended this premier nutrition event. In addition to the continuing education sub-committee and editorial sub-committee, an ad-hoc membership review sub-committee was formed to assist the main committee.

The bi-annual SNDA journal continues to update members and other medical professionals on the expanding roles of dietitians and nutritionists in preventive health and clinical nutrition work.

In October 1994, SNDA will participate actively at the 1st Asian Conference on Dietetics in Jakarta as a founding member of the Asian Forum of Dietetic Professionals (AFDP).

The 1992/1993 Central Committee

The committee was elected to office at the tenth annual general meeting on April 24, 1993. The elected committee members were:

President	: Mrs. Yeong Boon Yee
Vice-President	: Mrs. Lynn Alexander
Hon. Secretary	: Mrs. Sue Hixson
Hon. Treasurer	: Ms. Germaine Heng
Committee Members	: Ms. Lisa Choi Ms. Margaret Hays Ms. Annie Ling Ms. Emily Mok Ms. Beatrice Pung Ms. Georgina Stable Ms. Myriam Young

A total of eleven main committee meetings were held in 1993-94.

Membership

Our full membership continues to grow. However, the revision in the Association's constitution to include only qualified health professionals as affiliate members meant a drastic decline in this category of membership. Previously, interested public members were admitted and a large proportion joined during the two National Health Fair Campaigns. The objective of constitution change is to reinforce the Association's image as a focused organisation of health professionals. Participation of interested non-health care professionals will be allowed under the corporate membership category for companies and their representatives who support and enhance the professions of nutrition and dietetics. Our total membership now stands at 90, lower than that of the previous year.

SNDA - Membership Strength

Category	89/90	90/91	91/92	92/93	93/94
Full	36	48	52	56	60
Affiliate	59	51	55	63	30
Honorary	-	-	-	-	-
Total	96	99	107	119	90

Professional/Academic Meetings 1993-94

A total of four professional meetings and activities was held this year. These were:

- 10.6.93 "Nutrition Perspectives in Optimizing Fitness and Sports Performance"
- Ms. Anna Jacob
- Ms. Nicky Gilbert
Accredited 2 CE points
- 2.9.93 "Nutrition and the Media"
- Ms. Lee Geok Boey
Accredited 1 CE point
- 9.9.93 "Healthy Cooking Demonstration"
- AMC
Accredited 1/2 CE point
- 4.12.93 "Nutrition and Dietetics Update"
Findings of the Food Consumption Survey 1993
Our Dietary Patterns
- Mrs. Pat Seow Chin
Nutrient Excesses & Deficiencies
- Dr. Mabel Yap
Food Composition Database
- Ms. Annie Ling
Highlights of the 15th ICN, Adelaide
- Mrs. Anna Jacob

- Mrs. Margaret Hays
- Ms. Germaine Heng
Accredited 2 CE points

- 16.4.94 "Diagnosis and Treatment of Allergy with Special Reference to Food Allergy"
- Dr. K. H. Yeoh
Accredited 1 CE point

Continued Education (CE)

Due to the departure of the majority of this sub-committee's members from Singapore, new members were recruited. They include Beatrice Pung, Jennifer Cheong, Myriam Young and Emily Mok. The committee continued to update members on relevant activities and plan a new series of talks to help members reach the target CE points for which the second evaluation period is commencing from the 2nd half of 1994.

It is hoped that all members will participate and support the voluntary CE scheme for professional enhancement. Nutritionist members will now be able to use the title of R.Nutr.S. upon award of certification by Singapore Professional Centre.

Singapore Professional Centre (SPC)

The text of the SNDA brochure was updated and broadened for insertion in the SPC's 1993 - '94 annual publication.

During "Career '94" exhibition held in February 1994, four 8R-size photographs titled "Dietitians in Action" were displayed along with the SNDA logo on a partial panel. This exhibit was sponsored by SPC.

The Singapore Journal of Nutrition and Dietetics

Two issues of the journal were published in 1993. The June issue focussed on "Optimizing Sports Performance and Fitness - Through Nutrition" and the December issue covered the topic "Nutrition in the Nineties - The Singapore Experience".

The editorial committee decided to introduce two new sections "Product Update" and "Career Profile". The product update section aims to showcase products and help practising nutritionists and dietitians learn about the special features of new or existing products in the local market. The career profile column was included to help to introduce the SNDA members, trace and record their professional contributions and to improve the profile of our Association amongst our readers.

The circulation at present is around 2500 per issue with most of the copies being distributed free to doctors in Singapore. The support from advertisers in the Journal is invaluable in keeping this project viable. Contribution of articles by members has helped the Journal to include a coverage of local issues and work, and to provide a true picture of the Singapore nutrition scene.

Dietetic Training/Accreditation Sub-Committee

The sub-committee finalized a draft recommendation and then a letter to the Permanent Secretary of Health

for the recognition of dietitians as scientific officers when appropriately qualified. The sub-committee was dissolved upon completion of its objectives. The committee members would like to express their thanks to Ms. Caroline Begin for the compilation of pertinent data that is being used as reference material by the membership review sub-committee.

The Association cannot take direct credit for the upgrading of our profession's salary and rank within the health care system. However through our persistence and the high professional output of our members within their work place, due recognition has been given to the nutrition and dietetic professions. We should continue to enhance our professional role and standing within the health care team.

Working Committee on "Promoting Healthy Eating in Hospitals"

The aim of this working committee, which had been set up by the Food and Nutrition Department (FND), Ministry of Health, is to draw up a set of "Guidelines on Promoting Healthy Eating in Hospitals," in a booklet form, which shall be circulated to all hospitals in Singapore.

The committee comprises staff from the FND, dietitians working in clinical and food service management settings and a representative from the SNDA (Lynn Alexander).

Several meetings have been held and the guidelines are presently being drafted. The booklet will be ready by the end of August 1994.

15th International Congress of Nutrition

The Association sponsored the registration of two members and obtained full sponsorship for another, offered by Mead Johnson. Eleven SNDA members attended the Conference which had a total participation of 3000. It was not only professionally enriching for those who participated, but also enabled members to network and forge closer ties with similar professionals from other countries. At this conference SNDA applied for and was formally accepted into the Federation of Asian Nutrition Societies (FANS). We hope to participate at the 7th Asian Nutrition Congress in Beijing scheduled for 1995.

A summary of the 15th ICN highlights was given by SNDA sponsored members at a joint meeting with the FND, to share the knowledge and experience with other members.

International Sports Science Conference: Nutrition Perspectives in Optimizing Fitness and Sports Performance

Two SNDA members were invited to participate and lead the nutrition workshop sessions at the above symposium.

Media Response to the Issue of Anorexia Nervosa in Singapore

SNDA responded to the media coverage and interest generated by the increasing incidence of anorexia nervosa including the tragic death of several teenagers. The

important role of dietitians in offering proper guidance and counselling to dieters was emphasized in our response to the press. Through this effort, several copies of the SNDA's pamphlet on "Nutrition Tips for Teens" were sent to many schools.

SNDA Tenth Anniversary Programmes

The "Grains & Pulses" cookbook, a main committee project, is being compiled with recipe contributions from members. Negotiations are underway with a publisher to handle the publication and distribution logistics. To date, three sponsors have been confirmed to defray part of the cost of production of the book. The help of more sponsors is being sought.

A scientific seminar to celebrate the occasion is planned for the end of September 1994. Anita Owen, a well known dietitian in the United States and past President of the American Dietetic Association has accepted SNDA's invitation to be a key speaker. Sponsorship for the seminar and her stay in Singapore has been obtained. Other speakers and co-organizers will be approached to lend support and broaden the scope of the seminar. The theme and topics will be finalized by the new committee.

Programmes for 1994/5

National Health Campaign in October 1994

In support of the National Healthy Lifestyle Campaign this year, the Association will take part and work with other organizations to promote / facilitate nutrition promotion activities especially those relevant to the campaign theme.

Proposed CE Talks for Members

A series of bi-monthly professional talks will be looked into by the CE and main committee. These include a joint seminar with the Perinatal Society and sponsored by Gerber Products Company on "Infant and Child Feeding Practices - Implications on Growth and Health" to be held on May 27. SNDA will be liaising with the Meadow Lea Foods to introduce members to new canola products to be launched in Singapore, through their food and

nutrition consultant Ms Wendy Morgan on 23 April. SNDA is also planning a talk on "Nutritional Aspects of Cancer Care".

Acknowledgements

The Association wishes to thank and recognize the dedicated members from the central committee and sub-committees who have been generous in volunteering their time and expertise to further the Association's goals and objectives. The central committee wants to record its appreciation to all members and food industries who have, in one way or another, rendered their invaluable support and assistance to the enhancement of our profession and the success of the Association's activities.

It has been indeed a privilege for me to be entrusted with the responsibility of leading the Association these past two years. My heartfelt appreciation must go to the wonderful and dedicated team with whom I shared some fun and some frustrating moments, as well as some achievements. I regret that there are many objectives that I wanted to accomplish but was unable to achieve. These I am sure will be addressed and achieved by my successors.

It must be recognised that it is through the collective effort of our members during these last ten years that the Association has grown in strength and recognition. The sacrifices and efforts of the past years have not been wasted, but still more needs to be done for us to move forward as a professional group. I sincerely call upon all members to come forward and share the vision and responsibility as we move towards the highly competitive 21st Century.



Yeong Boon Yee
President
1993/1994

The First Asian Conference on Dietetics Jakarta, 2 - 5 October, 1994

Background to the Conference

The Asian Forum of Dietetic Professionals was established in 1991, when a group of representatives of Dietetic Associations from Asian countries at the Sixth Asian Congress of Nutrition held at Kuala Lumpur in 1991, adopted a resolution to form the Asian Forum of Dietetic Professionals. This forum aimed to enhance the level of professionalism of dietetic practitioners and facilitate regional meetings.

The founding members of the AFDP are:

Hongkong Nutrition Association
Indonesia Nutrition Association
Japan Nutrition Association
The Nutrition Society of Malaysia
Nutritionist-Dietitian's Association of the Philippines
Singapore Nutrition and Dietetics Association
Taipei Dietitians Association
Thailand Dietitians Club

The President of the Forum is Dr. Chwang Leh-Chii (President - Taipei Dietitians Association) and the Secretary General is Mrs. Murni I.D. Prokoso (Indonesia Nutrition Association). The Journal of the Singapore Nutrition and Dietetics Association was selected as the official channel of communication to link up member organizations in the new forum. A conference on dietetics was planned to be held on a four year interval and the Indonesia Nutrition Association with 2500 members, of which 40% work in the field of dietetics, agreed to host the first meeting - The First Asian Conference on Dietetics.

Theme of the Conference

The theme of the conference is - "Beyond Nutrition: Challenges and Opportunities for Professionals in Dietetics".

Aims of the Conference

- The main aims of the conference are:
- To promote cooperation among all individuals who are interested in dietetics
 - To exchange ideas in solving problems on dietetics and nutrition in Asia
 - To provide updates on science and technology in dietetics and nutrition

Registration fees

Advance registration (before June 30, 1994)	US \$225
Late registration/on site	US \$275
Accompanying person	US \$150

Payments are to be made by bank transfer in US dollars to -

The First Asian Conference on Dietetics
Bank Bumidaya, Jakarta - CIKINI Branch
Acc. No. 066014 - 03268
Jl. Cikini Raya 34 - 36
Jakarta 10330 Indonesia

Payments in rupiah to be made to -

Bank Bumidaya, Jakarta-CIKINI/RSCM Branch
Acc. No. 099010 - 08713
Jl. Diponegoro 71
Jakarta 10430 - Indonesia

Tentative Scientific Programme

I. Keynote Addresses

Challenges of Health Care Beyond the Year 2000 and Its Implications on the Role of Professionals in Dietetics and Nutrition (Minister of Health, R.I.)

The Role of Science and Technology in the Development of Human Resources (Minister of State for Research & Technology, R.I.)

II. Plenary Lectures

The Role of Nutrition in Human Resource Development (Prof. Dr. Soekirman, Indonesia)

Beyond Nutrition: Challenges and Opportunities for Professionals in Dietetics (Anita L. Owen, Ma., RD., USA)

Perspective in Clinical Nutrition (Prof. Dr. Mark L. Wahlqvist, Australia)

Update on Issues in Food Service System Management (Suh, Eun Kyung MS., RD., Korea)

Education and Training of Asian Professionals in Dietetics, Challenges for the 21st Century (Prof. Corazon V. C. Barba, Philippines)

Dietetics and Consumerism (Chwang Leh-Chii, Dr. PH., RD., Taiwan)

Challenges in Geriatric Nutrition for Asian Countries (Dr. Yoshiaki Fujita, Japan)

III. Themes of Symposia/Free Communication/Poster:

Clinical Nutrition

- The Role of the Dietitian in Nutritional Care
- Diagnosis of Nutritional Disorders in the Clinic
- Nutritional Care in Renal Diseases
- Nutritional Care in Cardiovascular Diseases
- Nutritional Care in Diabetes Mellitus
- Nutrition and Terminal Diseases
- Nutritional Support: Enteral and Parenteral
- Nutrition and Ageing

- Paediatric Nutrition
- Eating Behaviour and Weight Management

Community Nutrition

- Nutrition and Immunology
- Food and Nutrition Intervention Programmes
- Nutrition Requirement and Dietary Guidelines

Food Service System Management

- Total Quality Management in Food Service System
- The Future of Institutional Feeding
- Computer Assisted Food Service Management
- Food Service Lay Out and Equipment: Present and Future

Food Science and Technology

- Food Safety, Laws and Regulations
- New Products and Packaging Methods for Special Diets in Institutional Feeding

Current Issues in Nutrition and Dietetics

- Micro Nutrients and Trace Elements
- Nutrition and Brain Development

- Nutrition Counselling Update
- Professional Enhancement

IV. Workshop on Education and Training

Theme:

Cooperation for Education and Training of Asian Professionals in Dietetics and Food Service Management (Chairperson: Dr. S. Almatier, M.Sc., Indonesia).

V. Exhibition on Nutrition and Dietetics

Theme:

Nutritional Guidelines and Dietary Counselling by National Dietetic/Nutrition Associations of each country participants.

For more information contact:

The Secretariat, First Asian Conference on Dietetics
c/o Intalasi Gizi
(Department of Dietetics)
Dr Cipto Mangunkusumo Hospital
Jl. Diponegoro 71
Jakarta 10430, Indonesia
Tel: (62 21) 3143655
Fax: (62 21) 5210176

Tentative Schedule

Time	Sunday Oct. 2, '94	Monday Oct. 3, '94	Tuesday Oct. 4, '94	Wednesday Oct. 5, '94
08.00		Registration		
08.30		Opening Ceremony	Plenary Lecture	Plenary Lecture
		Keynote Address 1		
		Opening of Exhibition	Plenary Lecture	Plenary Lecture
10.00			Coffee Break	
10.15		Keynote Address 2	Symposia	Symposia
11.45		Symposia	Symposia	Symposia
13.00			Lunch	
14.00	Registration	Plenary Lecture	Plenary Lecture	Plenary Lecture
14.45		Symposia	Free Communication Workshop	Free Communication
16.00			Coffee Break	
16.15		Free Communication	Free Communication Workshop (Continue)	Free Communication
17.30		Free	Free	Free
19.00	Welcome Cocktail	Conference Dinner	Free/AFDP Meeting	Cultural Evening & Farewell Party

FORM A



ORGANIZING COMMITTEE
THE FIRST ASIAN CONFERENCE ON DIETETICS
JAKARTA, OCTOBER 2-5, 1994

REGISTRATION

Please type or write in block letters and return to the Conference Secretariat not later than June 30, 1994

Surname		Given name:	
Title : Prof/Dr/Mr/Ms		Nationality :	
Institution/organization :			
Mailing address :			
City	Code No.	Country :	
Phone No.	Fax :	Telex :	

Accompanying Person (s) :	
Surname :	Given name :
Surname :	Given name :

• REGISTRATION FEES :

CATEGORY	Before June 30, 94	After June 30, 94	Number of Person (s)	Sub total Amount US \$
Delegates	225	275		
Accompanying Person	150			
		Total		

Date

Signature

Conference Secretariat :
c/o Instalasi Gizi (Dept. of Dietetics), Dr. Cipto Mangunkusumo Hospital, Jl. Diponegoro 71, PO Box 1086, Jakarta 10430, Indonesia.
Telephone : (62-021)3143655 or 3140808 ext. 255. Fax : (62-021)5210176

The Tenth Annual General Meeting of The Singapore Nutrition and Dietetics Association

The tenth Annual General Meeting (AGM) of the Singapore Nutrition and Dietetics Association was held on 16 April, 1994 at the lecture theatre of Gleneagles Hospital, Singapore. Full members, associate members and guests attended the function.

The function was preceded by an elaborate spread of delicacies that provided a filler for many who came to the meeting soon after work.

The meeting was emceed by Ms. Evelyn Fong and started with an interesting paper presented by Dr. K.H. Yeoh on "Food Allergy in the Treatment of Allergic Rhinitis". After the presentation, the business meeting commenced and was chaired by the President, Mrs. Yeong Boon Yee. The President's Report detailing the year's activities is also reproduced in full in this issue.

The major event of the afternoon was the election of the members of the new Main Committee to hold office for the year 1994 - 95. The AGM ended on a cheerful note as all members and guests took part in the lucky draw and took home bags of gifts sponsored by several companies.

Each year the AGM not only conducts business as required legally of the Association, but also serves as a time for members to meet each other, evaluate the progress of the past year and garner support and volunteers to steer activities in the year ahead.



Main Committee Members 1994 - 95.
From left to right. Sitting : Sue Hixson, Lynn Alexander, Annie Ling, Lisa Ooi.
Standing : Ho Fong, Louisa Zhang, Yashna Harjani, Margaret Hays, Selena Chan, Christa Koenig, Yeong Boon Yee and Khoo Poh Lai.
Absent :
Bridget Fenby.



Evelyn Fong, keeping the meeting in control.



Main Committee Members 1993 - 94.
From left to right. Sitting : Sue Hixson, Yeong Boon Yee, Lynn Alexander, Germaine Heng.
Standing : Beatrice Pung, Lisa Ooi, Margaret Hays, Georgina Stable, Annie Ling, Emily Mok.
Absent : Myriam Young.



Introducing the youngest guest at the AGM - little Gabrielle Hays.



From left to right: Sue Hixson, Dr. K.H. Yeoh, Dr. Ann Chan, Lynn Alexander, Yeong Boon Yee.



From the new president Lynn Alexander to the past president Yeong Boon Yee - "Thanks for all the hard work."



Enjoying the meal before the AGM.

SPOTLIGHT

Career Profile

Mrs Evelyn Fong

Member since 1984

Current Position : Food Service Manager
 Changi International Airport Services
 (CIAS) Enterprises Pte Ltd, Singapore



Evelyn Fong, a founding member of the Singapore Nutrition and Dietetics Association, is the only member with the distinction to have served on the Main Committee for ten continuous years. She has taken on the various roles of committee member, treasurer, secretary, vice-president and president, and has seen the Association through all its stages of growth. However, in the past year she has opted out of the Main Committee due to family commitments - the arrival of her baby girl!

Evelyn is the mother of three adorable children - two girls and a boy. She has managed to balance a full-time career and the roles of wife and mother effectively with support from her husband, her children and the help of a maid. Evelyn has also been known for the beautiful and elaborate cross-stitched pieces she produces. Evelyn said that her hobby is also her therapy and relaxation, especially when "the going gets tough."

Evelyn graduated from Florida State University with a Bachelor of Science degree in Dietetics. She met her Singaporean husband, Roland, at the same University. After marriage Evelyn has been residing in Singapore.

In the early part of her career, Evelyn chose to freelance as a dietitian and worked part-time at a local private hospital and with a private medical group as she tried to balance her family commitments with her professional career. Following this, she put in a brief stint as a full-time clinical dietitian at a local hospital.

Moving on from there, Evelyn joined CIAS as the food service dietitian. CIAS in 1985, had just begun to branch out to provide catering services to local hospitals. To complement their team of food service professionals and to be able to provide special and therapeutic diets, CIAS hired a food service dietitian, Evelyn. As opportunity for promotion arose within CIAS she filled the post of food service manager and has held the post until the present time.

As the food service manager, Evelyn is responsible for ensuring the smooth operations of the food service to the patients in the hospital. Talking about her present job which utilizes her training in dietetics and her organizational skills fully, Evelyn said that there is "never a dull moment" in her working day and after four and a half years with CIAS she is "still excited about her job."

Evelyn explained that often in a hospital food service translating scientific dietary guidelines, especially for

restricted therapeutic diets, into actual food - in terms of choice of items and maintaining quality - is a "tricky business which requires creativity". However, as she has experienced the challenges and difficulties of both the dietitian and the food service manager, she is able to integrate both viewpoints more effectively and translate them into the most practical and effective solutions on the job. For this reason, Evelyn feels that a food service manager in a hospital ideally should be one with training in dietetics.

Evelyn reiterated that a great strength of the CIAS team at National University Hospital (NUH) is the complement of staff with different skills and training, who work together to provide patients at NUH with good food, meal after meal. Evelyn is ably assisted by a food and beverage executive, a food service dietitian and a production chef to ensure that operations run smoothly on a day-to-day basis.

Thinking back on her background and training, Evelyn feels that many of the skills she currently requires were acquired on the job. As a food service manager, she deals with people from all walks of life daily, and feels that handling people and getting them to do what is required, calls for skill and patience.

Evelyn feels that the training she received, though useful, did not prepare her for every aspect of her present job. She reflected that many a time the skills required for the operations side tend to be intuitive and not necessarily taught or learnt in a classroom.

Evelyn said that as the nutrition and dietetic professions grow in Singapore, she hoped that Singapore will be able to train nutritionists and dietitians at the degree level. She also felt that some practical experience in clinical and the food service area should be part of the program.

Talking about her active stint with SNDA's main committee, Evelyn said that she enjoyed every bit of it, and felt that networking with other nutritionists and dietitians was most useful. However, as she has been away for a while, she was not sure what was happening in the Association, except through the mailers and the Journal. Evelyn feels that to get the most out of the Association, members must be involved. "The more you give, the more you get" is the principle that works. She felt that getting involved with the Association would help members appreciate its role and efforts more.

NEW BOOKS

VEGETABLE DISHES 2nd Supplement to McCance and Widdowson's *The Composition of Foods, 5th Edition*. Edited by B. Holland, A.A. Welch and D.H. Russ. Soft cover. Published November 1992. 242 pages. ISBN 0 85186 396 5. Price £24.50

Vegetable Dishes is the latest supplement available to McCance and Widdowson's book "The Composition of Foods" and creates a new food group. It contains previously unpublished data, especially collected for this publication, for over 340 vegetable-based dishes and for the first time provides information on 53 nutrients per food. The extensive selection of foods covered includes popular vegetable dishes, vegetarian and vegan foods, manufactured ready-meals and dishes consumed by ethnic populations in the United Kingdom. Recipes have been collected from a wide variety of sources for dishes consumed in the home and this collection is therefore representative of what the British population is eating.

The nutrient data in *Vegetable Dishes* are set out in tables which cover six pages per dish and give descriptive details about the food and the data for 53 nutrients including individual sugars, fibre fractions and fatty acid total. In addition there is a detailed introduction which covers the sources of data, food analyses, recipe calculations and much more. Supplementary sections detail recipe ingredients and cooking methods, alternative dish names, and an alphabetical list of ingredients.

This book is unique in being the only comprehensive

source of compositional data on this food group available in the United Kingdom. It is a must for the calculations of actual and recommended diets.

MANUAL OF DIETETIC PRACTICE 2nd Edition. Edited by: Briony Thomas. ISBN 0632030038 (1993). Price £49.50

Since it was first published in 1988, the British Dietetic Association Manual of Dietetic Practice has become indispensable for all those in the field of clinical nutrition and dietetics. The new second edition is compiled from the contributions of over eighty experts. This new edition gives a comprehensive guide to the principles and practice of dietetics covering everything from intensive care to health education. It has been fully updated, with more information than ever before, including topics such as antioxidant vitamins, AIDS, pressure sores and the nutritional management of head and spinal injuries. It is designed to be suitable for quick reference and comprehensive study. The Manual of Dietetic Practice is an essential textbook for students, newly qualified and experienced dietitians. It can be ordered through the publishers Blackwell Scientific Publications. SNDA has arranged for the book to be offered to members at a discounted price and order forms are available from the Association.

SUBSCRIPTION FORM

(THE JOURNAL IS DISTRIBUTED FREE TO ALL MEMBERS)

To: The Editor, The Singapore Journal of Nutrition and Dietetics, Singapore Nutrition and Dietetics Association, Tanglin P.O.Box 180, Singapore 9124, Republic of Singapore.

Please enter my name for a one-year subscription (2 issues) of THE SINGAPORE JOURNAL OF NUTRITION AND DIETETICS from Vol. No. for which I enclose a cheque/cash/money order for S\$8 (US\$16 for overseas subscription) inclusive of postage, made payable to:

"Singapore Nutrition and Dietetics Association".

NAME:

ADDRESS:

TEL:

OCCUPATION:

MEETINGS

26 - 29 Jul 1994

5th ASEAN Food Conference

Venue: Putra World Trade Centre
Kuala Lumpur, Malaysia
Contact: Secretariat,
5th ASEAN Food Conference
Food Technology Research Centre, MARDI
G.P.O. Box 12301
50774 Kuala Lumpur
Malaysia
Tel: 03-9486 401
Fax: 03-9422906

17 - 19 September 1994

13th National Dietitians' Association of Australia Conference

Theme: Partnership and Equity
Venue: Ayers Rock Resort
Yulara, Northern Territory,
Australia.
Contact: Dietitians' Association of Australia
P. O. Box 11,
O'Connor A.C.T. 2601,
5/11 McKay Gardens,
Turner, A.C.T. 2601.

18 - 23 September, 1994

Second Asian Conference on Food Safety

Theme: Safe Food, Healthy Life
Venue: Thailand, Bangkok
Contact: The Secretariat,
The Second Asian Conference on Food Safety,
ILSI Thailand,
P.O. Box 170,
Bangkok 10400, Thailand.

2 - 5 October, 1994

The First Asian Conference on Dietetics

Venue: Jakarta, Indonesia
Contact: The Secretariat,
The First Asian Conference on Dietetics,
c/o Dept of Dietetics,
Dr. Cipto Mangunkusumo Hospital,
Jl. Diponegoro,
P.O. Box 1086,
Jakarta 10430, Indonesia.
Tel: 62 21 314 3655
Fax: 62 21 521 0176

7 - 11 October, 1995

7th Asian Congress of Nutrition

Venue: Beijing, China
Contact: Mr. Ma Shi-liang,
c/o Institute of Nutrition and Food Hygiene,
29 Nan Wei Road,
Beijing 100050,
PR of China
Tel: 86 1 304 3472
Fax: 86 1 301 1875

October, 1995

5th World Congress on Clinical Nutrition

Venue: Hangzhou, China
Contact: Prof. Zhu Shiou Min
Department of Nutrition,
Zhejiang Medical University,
Hangzhou, Zhejiang 310031,
PR of China
Tel: 571 722 700
Fax: 571 771 571

18 - 23 February, 1996

XIIth International Congress of Dietetics

Venue: Philippine International Convention Centre
Metro Manila
Philippines
Contact: Secretariat,
XIIth International Congress of Dietetics
Nutritionist-Dietitians, Association of the Philippines
Prince Tower Condominium
Unit 208
14 Tordesillas, Makati
Metro Manila, Philippines 1200
Tel: 632 810 5034
Fax: 632 815 1935

27 July - 1 August, 1997

16th International Congress of Nutrition

Venue: Montreal, Canada
Contact: Secretariat,
16th International Congress of Nutrition,
National Research Council of Canada,
Ottawa, KIA 0R6
Canada.
Tel: 613 993 9009
Fax: 613 957 9828

DIETARY ANTIOXIDANT FLAVONOIDS AND RISK OF CORONARY HEART DISEASE: THE ZUTPHEN ELDERLY STUDY. *M.G.L. Hertog, E.J.M. Feskens, P.C.H. Hollman, M.B. Katan and D., Kromhout, The Lancet, Vol 342, 1007-1011, 1993*

Flavonoids are polyphenolic antioxidants that occur naturally in vegetables, fruits and beverages, such as tea and wine. In vitro they inhibit oxidation of low-density lipoproteins and reduce thrombotic tendency, but their effect on atherosclerotic complications are unknown. Researchers assessed the amount of the five major antioxidant flavonoids (quercetin, keampferol, myricetin, apigenin and luteolin) in common foods and assessed the dietary intake of flavonoids of 805 men aged 65 to 84 years using a cross-check dietary history method. The major sources of flavonoids were tea, apples and onions. During a five year follow-up, 43 men died of coronary heart disease (CHD). Fatal or non-fatal myocardial infarction occurred in 38 out of the 693 men who had no previous history.

Flavonoid intake was significantly inversely associated with mortality from CHD. The intakes of tea, onions and apples were also inversely related to CHD mortality, but these associations were weaker.

USUAL DIETARY FAT INTAKE AND INSULIN CONCENTRATIONS IN HEALTHY WOMEN TWINS. *E.J. Mayer, B. Newman, C.P. Queensberry Jr, J.V. Selby, Diabetes Care, Vol 16, 1459-1469, 1993*

High intake of total dietary fats positively related to relative hyperinsulinemia in fasting women without diabetes, particularly those who are sedentary. This effect may be partly mediated by the relationship of dietary fat with obesity. Conclusions are based on a study of 544 non-diabetics who participated in the second examination of the Kaiser Permanente Women Twins Study (1989-1990). A 20g/day increase in total dietary fat was associated with a higher insulin level measured in fasting subjects. Overall, obesity appeared to have a stronger independent effect on the variation in insulin concentrations than did the dietary fat intake.

CONTRIBUTIONS OF OBESITY AND WEIGHT LOSS TO GALLSTONE DISEASE. *J.E. Everhart, Annals of Internal Medicine, Vol 199, 1029-1035, 1993*

There is an increased risk of symptomatic gallstone formation during weight loss, particularly among obese people. This conclusion is based on a review of original reports published in the medical literature between 1966 and 1992. Obesity is a strong risk factor in gallstone formation in both sexes, but the risk is greater for women; risk is increased during weight loss. Within a few months of beginning a very low calorie diet, between 10 - 25% of men and women may develop gallstones; perhaps one-third of these will develop symptoms of gallstones. Persons with a high BMI before weight loss and those who lose weight most rapidly appear to be at the greatest risk. Treatment with ursodeoxycholic acid (ursodiol) during weight loss dieting is the only proven treatment for gallstones. The article discusses issues to be resolved, including how different diets effect the risk for developing gallstones.

IMMUNOENHANCEMENT VIA ENTERAL NUTRITION *J.W. Alexander, Archives of Surgery, Vol 128, 1042-1245, 1993*

When given in amounts above what is needed to prevent nutritional deficiency, arginine, glutamine, omega-3 and omega-6 fatty acids and to a lesser extent ribonucleic acid and vitamins A, C and E have pharmacological effects on the immune system. Three independent, randomized, prospective studies demonstrate that the immune enhancing diets reduce infectious complications by approximately 75% in surgical patients, and hospital stay by more than 25% in surgical patients and patients in intensive care. These findings suggest that specialized diets can be designed to benefit patients with cancer, atherosclerosis, intestinal diseases, autoimmune diseases, infections and trauma. However the interactions between nutrients in pharmacologic amounts and standard pharmacologic drugs are largely unknown, as are the effects of long term administration of specialized diets to treat these conditions.

PRODUCT UPDATE

CERELAC Brown Rice - Infant Milk Cereal

CERELAC Brown Rice milk cereal is a highly nutritious and easily digested weaning food for babies from 4 - 6 months of age. At this age, in addition to milk feeds, baby needs a more solid food like CERELAC for his growing energy needs. Rice is a good cereal to start with as baby's first solid food, as it is well tolerated.

CERELAC also contains high quality protein from milk and all vitamins and minerals which are known to be important for healthy growth.

CERELAC is a delicious meal for baby. It contains

cereals with a natural sweetness that appeals to babies. It is easily digested and has a smooth consistency that does not thicken after the meal has been prepared. And best of all, it provides nutrition for proper growth.

