

CHAPTER 1 INTRODUCTION

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The '2017 Nutrition Guidelines for Cystic Fibrosis in Australia and New Zealand' is an up-to-date resource that addresses the many aspects of the nutrition management of cystic fibrosis (CF). Whilst the '2017 Guidelines' were designed to be utilised by the entire CF care team including consumers, the dietitian's role within the interdisciplinary team is emphasised. Practice recommendations are evidence-based, developed through use of systematic review processes and with consumer and clinical stakeholder consultation.

1.1 Background to the Guideline Update

The '2017 Guidelines' are a result of a planned update of an earlier version, the '2006 Australasian Clinical Practice Guidelines for Nutrition in Cystic Fibrosis', which were endorsed by the Dietitians Association of Australia (DAA). Key differences between the 2006 Guideline and the current version include a move towards an interdisciplinary approach to CF nutrition, the acknowledgement that new genetically targeted CF therapies have diverse nutrition implications for the CF population (e.g. genetic modulators), and an overview of dietitian prescribing in New Zealand (NZ). Consumer consultation also led to the inclusion of omega-3 fatty acids ([Chapter 7](#)) and a section on complementary nutrition therapies (i.e. glutathione, probiotics, curcumin, garlic and coconut oil) ([Chapter 15](#)).

In a series of surveys (1998, 2005 and 2010), Australian and NZ CF dietitians have shown increased alignment with dietetic practice recommendations¹⁷⁹. The 2005 survey was specifically undertaken to provide baseline data on nutrition and dietetic practice in Australia and NZ prior to the implementation of the 2006 guidelines¹⁸⁰. A repeat survey (2010, unpublished) aimed to document and compare CF nutrition management practices before and after the release of the 2006 guidelines. Results from the 2010 nutrition practice survey (which covered 3548 people with CF in Australian and NZ, n=37 centres) showed that general nutrition advice regarding a diet high in energy, fat and salt and the use of pancreatic enzyme replacement therapy has remained consistent since 2005. Improvements in consistency of dietetic practice were seen in the routine monitoring of fat soluble vitamin levels and screening for CF-related diabetes; however, significant variability in dietary management of CF-related diabetes remained.

1.2 Purpose, Goals and Objectives

This guideline document has been created to:

- ensure current best-practice guidelines for management of nutrition and pancreatic enzyme replacement therapy (PERT) are accessible to all health professionals providing care to individuals with CF and their families/whanau;
- ensure the nutritional and PERT education and care provided to all infants, children and adults with CF is evidence based where possible, and reflects current knowledge;
- standardise the nutritional and PERT care of infants, children and adults with CF;
- be widely and readily available in order to support isolated practitioners; and
- promote nutritional and PERT care as a priority in service provision to individuals with CF.

The **goals** of the guideline document are to:

- facilitate optimal outcomes for all infants, children and adults with CF by promoting best practice in clinical nutrition; and
- promote consistency and equity of healthcare and evidence based practice throughout Australia and NZ.



The **objective** of this guideline is to provide guidance to practitioners to enable them to:

- implement comprehensive and timely nutrition assessments in order to improve and maintain healthy living standards and identify nutritional deterioration early;
- optimise the management of nutrition and PERT, including the management of concurrent diseases and complications;
- support people with CF to achieve and maintain optimal nutritional status;
- encourage individuals with CF to follow a healthy diet tailored to their individual CF needs and to have positive eating behaviours; and
- improve quality of life of the person with CF, their carer/carers, and family/whanau.

1.3 Scope

The **target population** of these guidelines is all individuals with CF cared for within the Australian and NZ healthcare systems. The document will be applicable across all age groups. Differences in nutritional and health-related issues, management or recommendations for different age groups, disease stages, cultures or geographical conditions within the target countries will be indicated within the document, or addressed separately for different groups.

The **target audience** for these guidelines is all health practitioners who work with people with CF, particularly dietitians. This includes specialist CF centre dietitians, regional/shared care dietitians and other members of interdisciplinary CF teams. These guidelines will also aid the training and teaching of dietetic and medical students as well as locum dietetic staff.

As people with CF receive nutrition care in both inpatient and ambulatory care settings, these guidelines are to be used in all settings.

1.4 Sociocultural Considerations

These guidelines are likely to have negligible impact in Aboriginal and Torres Strait Islander populations, as CF almost always affects Caucasian populations. Supportive low literacy consumer resources will be developed for those (small minority) where English is a second language.

In New Zealand, 7% of the CF population identifies as Māori,¹⁸¹ less than the 15% reported for the general population. There are currently no additional CF-specific issues that have identified as relevant to the CF Māori population. The Code of Ethics for NZ dietitians acknowledges the relevance of the Treaty of Waitangi in the delivery of dietetic services to all New Zealanders and honours the principles of partnership, protection and participation as an affirmation of the Treaty of Waitangi¹⁸²:

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices (See <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles>).