

# Nutrition care: The cornerstone and cutting edge of general practice

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**NUTRITION** has been recognised as a foundational concept within Western medicine since the time of Hippocrates.<sup>1</sup> In other cultures, Ayurvedic medicine and traditional Chinese medicine both emphasise food as a tool to promote health and treat ailments.<sup>2,3</sup> In the present time, medical students (including future general practitioners [GPs]) are passionate about nutrition and have a personal interest in studying the topic during training and beyond graduation.<sup>4,5</sup> Patients expect nutrition to be a foundation of the care they receive.<sup>6</sup> They associate nutrition with the quality of care obtained and even their GPs' health status.<sup>7</sup> Collectively, nutrition is an ever-present element in the origins and future of general practice.

The importance of nutrition in supporting health is so well recognised that, unfortunately, most research in general practice concludes that more focus on nutrition is needed. Barriers such as lack of time, apparent lack of interest and other system issues can create a deficit view and infer that GPs should 'do more' within consultations.<sup>8,9</sup> However, the emphasis on nutrition within general practice is objectively growing as the workforce evolves to comprehensively consider the social determinants of health and our society increasingly focuses on the existential and hedonistic aspects of what we eat. As just one example, the long-anticipated revision of The Royal Australian College of General Practitioners' (RACGP) *Red book*<sup>10</sup> showcases nutrition as the heart of person-centred,

holistic medical care, given its role in supporting growth and development, weight management, mental health, maternal health, healthy ageing plus more.

In this issue of the *Australian Journal of General Practice*, the spread of articles demonstrates that nutrition is still at the cutting edge of contemporary general practice. Devlin and colleagues provide an overview of the concept of chrono-nutrition (the timing of eating and drinking) and propose ways in which chrono-nutrition can have a clinically meaningful role in metabolic health for patients.<sup>11</sup> Their view is that GPs should consider *when* food is eaten by patients, as well as the type and amount, to best support positive health outcomes being observed in clinical trials.<sup>11</sup> Another novel view is that described by Ball and colleagues, who propose that the personality traits and life history of GPs likely shape the individual approaches to discussing nutrition with patients.<sup>12</sup> They believe more attention should be paid to these human factors that influence medical training and practice as a potential way to support doctors with their own health through nutrition and positively shape future practice.<sup>12</sup>

He and Morton outline a clinical case study of milk-alkali syndrome, a condition often brought about through excessive intake of calcium carbonate (a dietary supplement).<sup>13</sup> This is another angle to the importance of nutrition and, in this context, beyond the prevention and management of chronic disease. Finally, another new angle, McLean and colleagues outline guidance for GPs caring for patients where malnutrition, alcohol intake and nutritional deficiency collide.<sup>14</sup>

Nutrition is exceptionally important for the short- and long-term outcomes of patients who consume excessive alcohol, given that alcohol can displace the intake of essential nutrients, reduce the absorption of nutrients consumed and lead to deficiencies that have serious or even life-threatening effects.<sup>14</sup>

Nutrition is an enabler of high-quality general practice. The RACGP supports nutrition care through guidance such as the *Red book*<sup>10</sup> and numerous entries in the *Handbook of non-drug interventions*.<sup>15</sup> Focusing on the strength of nutrition in general practice is the key to future success across the profession. It is exciting to see how the profound effects of food on health are enduring as our society changes over time. While the discourse around nutrition in general practice continues to evolve, these articles pave the way for nutrition to continue to shape the intricate tapestry of general practice.

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## References

1. Jouanna J. Hippocrate. Paris: Fayard, 2014.
2. Jaiswal YS, Williams LL. A glimpse of Ayurveda – The forgotten history and principles of Indian traditional medicine. *J Tradit Complement Med* 2016;7(1):50–53. doi: 10.1016/j.jtcme.2016.02.002.
3. Chen J. Essential role of medicine and food homology in health and wellness. *Chin Herb Med* 2023;15(3):347–48. doi:10.1016/j.chmed.2023.05.001.
4. Crowley J, Ball L, McGill AT, et al. General practitioners' views on providing nutrition care to patients with chronic disease: A focus group study. *J Prim Health Care* 2016;8(4):357–64. doi: 10.1071/HC15048.

5. Crowley J, Ball L, Leveritt MD, Arroll B, Han DY, Wall C. Impact of an undergraduate course on medical students' self-perceived nutrition intake and self-efficacy to improve their health behaviours and counselling practices. *J Prim Health Care* 2014;6(2):101-07. doi: 10.1071/HC14101.
6. Somerville M, Burch E, Ball L, Williams LT. 'I could have made those changes years earlier': Experiences and characteristics associated with receiving a prediabetes diagnosis among individuals recently diagnosed with type 2 diabetes. *Fam Pract* 2020;37(3):382-89. doi: 10.1093/fampra/cmz081.
7. Fraser SE, Leveritt MD, Ball LE. Patients' perceptions of their general practitioner's health and weight influences their perceptions of nutrition and exercise advice received. *J Prim Health Care* 2013;5(4):301-07. doi: 10.1071/HC13301.
8. Crowley J, Ball L, Wall C, Leveritt M. Nutrition beyond drugs and devices: A review of the approaches to enhance the capacity of nutrition care provision by general practitioners. *Aust J Prim Health* 2012;18(2):90-95. doi: 10.1071/PY11116.
9. Crowley J, Ball L, Han DY, et al. Doctors' attitudes and confidence towards providing nutrition care in practice: Comparison of New Zealand medical students, general practice registrars and general practitioners. *J Prim Health Care* 2015;7(3):244-50. doi: 10.1071/HC15244.
10. The Royal Australian College of General Practitioners (RACGP). Guidelines for preventative activities in general practice (Red book). East Melbourne: RACGP, 2021. Available at: [www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction](http://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction) [Accessed 28 December 2023].
11. Devlin BL, Heilbronn LK. Is it time to consider chrono-nutrition in general practice? *Aust J Gen Pract* 2024;53(4):195-97. doi: 10.31128/AJGP-09-23-6971.
12. Ball L, Crowley J, Lepre B. Beyond education and training: Is a new paradigm required to better support general practitioners to feel competent in nutrition? *Aust J Gen Pract* 2024;53(4):193-94. doi: 10.31128/AJGP-09-23-6962.
13. He J, Morton A. Milk-alkali syndrome. *Aust J Gen Pract* 2024;53(4):187-88. doi: 10.31128/AJGP-05-23-6848.
14. McLean C, Ivers R, Antony A, McMahon A-T. Malnutrition, nutritional deficiency and alcohol: A guide for general practice. *Aust J Gen Pract* 2024;53(4):173-78. doi: 10.31128/AJGP-05-23-6827.
15. Royal Australian College of General Practitioners (RACGP). Handbook of non-drug interventions (HANDI). RACGP, 2023. Available at [www.racgp.org.au/clinical-resources/clinical-guidelines/handi](http://www.racgp.org.au/clinical-resources/clinical-guidelines/handi) [Accessed 28 December 2023].

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