

Workshop – Nutrition Screening

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Quick visual assessment of nutritional status

B vitamins – including B12

Iron

Fat soluble vitamins –including vitamin A and EFAs



Stages in the Development of a Nutrient Deficiency

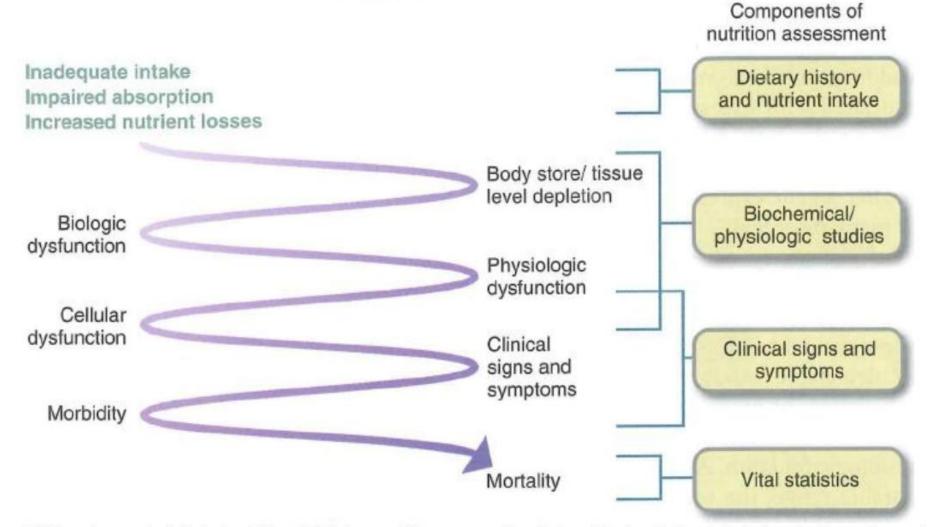
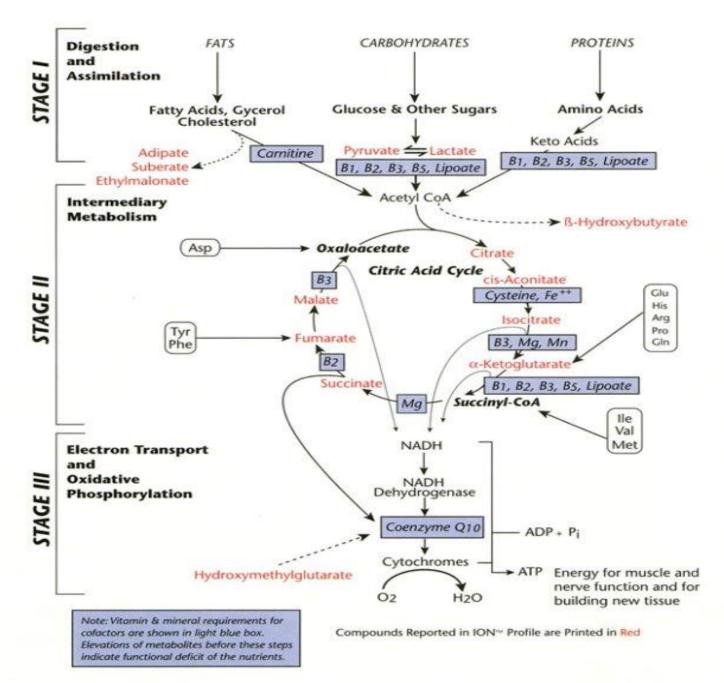


Figure 4-2 Development of clinical nutritional deficiency with corresponding dietary, biochemical and clinical evaluations. *Krause's Food and the Nutrition Care Process* 13th ed. L.Mahan, S. Escott-Stump, J. Ramond p 132.



Appearance Energy





Leukonychia



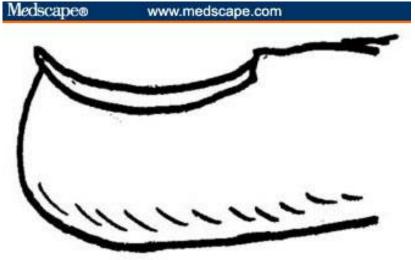




Nails



Kolionychia



Spoon nail



Eyes

Anaemia

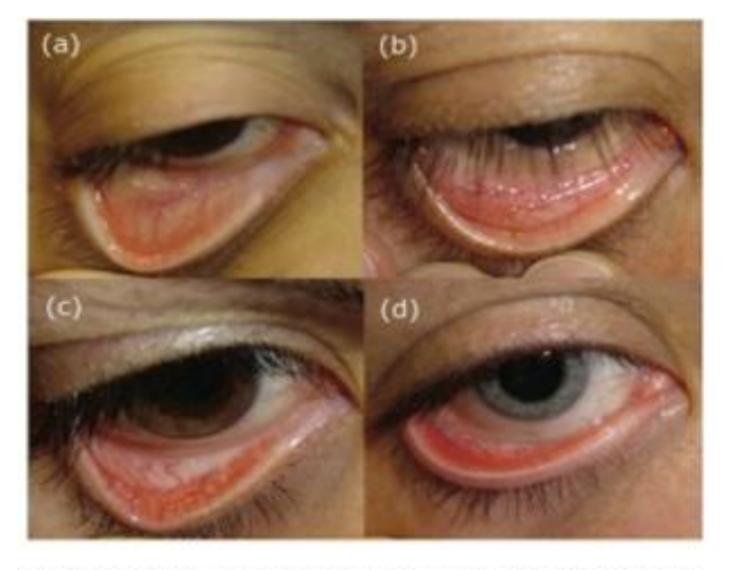


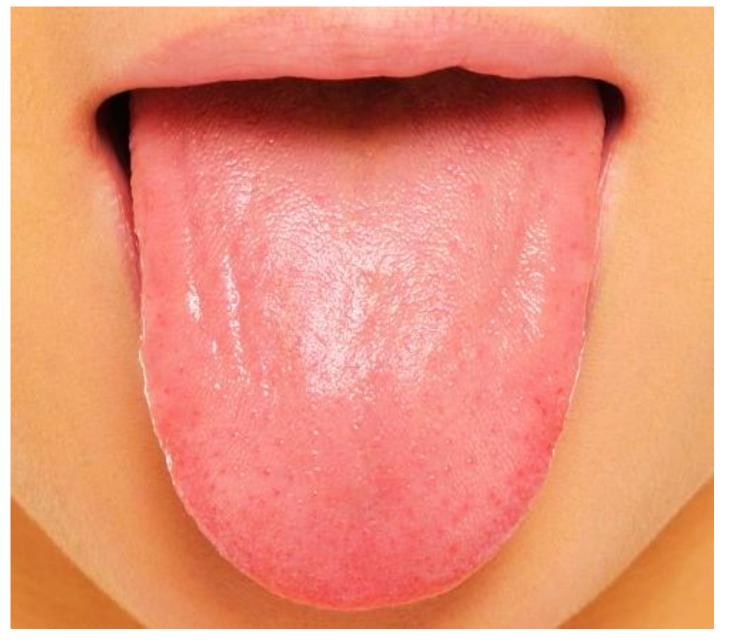
Fig. 2 Digital photographs of the palpebral conjuctiva of four patients with hemoglobin concentrations of (a) 7.3, (b) 12.7, (c) 14.0, and (d) 14.5 g/dL.

Tongue - normal

Light red / salmon pink

Thin white moist coating.

Uniform surface - no cracks





Tongue

Usually first tissue to show signs of sub-optimal nutrition

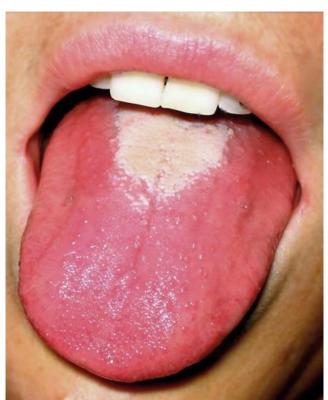
- glossitis with atrophy of papillae
- fissures
- burning and tingling
- ulcers
- coatings



Tongue



Geographic



Glossitis



Crenated



Pernicious anaemia B12





Lips

Cheilosis and angular stomatitis





Mouth

Mouth	Possible deficiency	Possible other causes
Sore tongue	Iron, vitamin B12, B2, B3 and possibly other B vitamins	Excessively hot drinks and oral disease
Cracking and peeling of skin on the lips	Vitamin B2 – riboflavin	Excessive exposure to cold or windy weather
Cracking at the corners of the mouth	Iron, vitamin B2 – riboflavin possibly other B vitamins	Poorly fitting dentures, eczema infection with candida albicans
Recurrent mouth ulcers	Iron, vitamin B12, folate and possibly other B vitamins	Coeliac disease, Crohn's disease recurrent herpes and oral disease
Enlarged veins under the tongue with micro-haemorrhages	Vitamin C	Smoking and old age
Smooth, shinny and sore tongue: atrophic glossitis	Iron, vitamin B12 and folate	



Skin

Scurvy



Keratosis pilaris





Phrynoderma





Aswell Chart

https://www.research gate.net/publication/2 28474601 Charts Bas ed on Body Mass In dex and Waist-to Height Ratio to Asse ss the Health Risks o f Obesity A Review/fi gures?lo=1

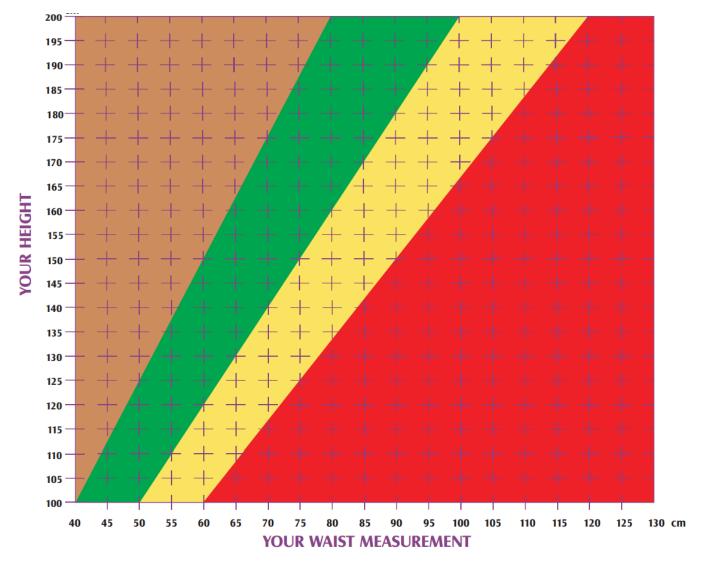


Fig. (1). The Ashwell® Shape Chart based on waist-to-height ratio. (Copyright is held by Margaret Ashwell).

The Ashwell® Shape Chart is suitable for adults (men and women) and children over 5y. It has waist circumference measurement (cm) on x axis and height (cm) on the y axis. The boundary values for waist-to-height ratio are set at WHtR 0.4 (brown to green), 0.5 (green to yellow) and 0.6 (yellow to red). The Green area indicates OK; Yellow area indicates Consider Action for adults and Take Action for children; Red area indicates Take Action. Brown area indicates Take Care – you will not need to decrease your waist circumference and might even be underweight.



References & Resources

Stewart Nutrition http://www.stewartnutrition.co.uk/nutritional-assesment/nutritional-tests.html

Kesari A; Noel JY. (2023) Nutritional Assessment. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK580496/

Mind the Gap https://www.blackandbrownskin.co.uk/mindthegap

Nsight - https://www.ifm.org/learning-center/nsight/ - a resource for information about how to perform clinical exams through a nutritional lens. A range of videos are available for you to view.

Linus Pauling Institute (2011) Micronutrients and Skin Health (online)

Medscape https://www.medscape.com/dermatology

Dermnet https://dermnetnz.org/





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