



CPNP

NASPGHAN COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS

Executive Committee Message:



Dear CPNP,

As we eagerly anticipate our Annual Meeting in Hollywood, Florida on November 9, I am thrilled to invite you all to join us for an enriching experience of networking, learning and socializing. This year's program promises to be exceptional, featuring insightful sessions on topics such as nutrition in liver transplant, alpha-

gal syndrome, ARFID, and bone health. We are particularly excited about our hands-on session dedicated to baby-led weaning, providing practical skills for our members.

I am delighted to announce that we have a significant number of scholarships available this year, and I encourage each of you to consider applying. Watch your inbox for the application link and seize this opportunity to further your professional development.

Our podcast continues to thrive, thanks to your valuable contributions and engagement. Your submissions of abstracts and grant applications have been impressive, reflecting the dedication and innovation within our community.

Looking ahead, we are gearing up for elections to select new board members this summer. Your participation in this process is crucial as we shape the future of CPNP together.

I eagerly anticipate seeing you in Hollywood, where we will come together to learn, grow, and celebrate our shared commitment to pediatric nutrition. Thank you for your continued support and active involvement in CPNP.

Warm regards,

Abigail Lundin, MS, RD
CPNP President

secretary treasurer's report

Venus Kalami MNSP, RD, CSP

We are always looking for new members! Reach out to your fellow pediatric RD colleagues and encourage them to sign up for our membership. Membership is just \$40 a year!

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media chair REPORT

NIKKI MISNER, MS, RDN

Find CPNP on social media! Use the handles below and follow us for general updates and the latest CPNP info. Contact Nikki at nicolemisner@usf.edu if you have information that you would like to share on our social media sites.

- ◆ Facebook: [cnp.naspgghan](https://www.facebook.com/cnp.naspgghan)
- ◆ Instagram: [cnp_naspgghan](https://www.instagram.com/cnp_naspgghan)
- ◆ Twitter: [cnp_naspgghan](https://twitter.com/cnp_naspgghan)

CPNP members can join our [private Facegroup page here](#).

Join the CPNP Listserv to learn more about upcoming events, participate in discussions about clinical findings and difficult cases, and more! Email cnp.naspgghan@gmail.com to join the Listserv.

research chair REPORT

BROCK WILLIAMS PHD, RD CNSC

We had a great response to the call for abstract submissions to this year's Annual Meeting! We are currently reviewing the abstracts and are excited to see CPNP members' research presented at the upcoming meeting. The first 'CPNP Research Office Hours' were hosted in June and I thank all members who stopped by to brainstorm and chat about your exciting research ideas. I look forward to hosting more of these office hours in the future! The NASPGHAN Research Committee and some additional members of CPNP will be conducting the NASPGHAN Foundation grant review over the coming months. We look forward to celebrating the winners of the NASPGHAN Foundation CPNP Nutrition Grant at the Annual Meeting in Florida.

communications chair REPORT

KATHERINE BENNETT, RD, MPH

We always want to hear from you! Please reach out to us if you have published any research, or have any ideas or "hot topics", or know of a CPNP member for our Member Profile that you would like to share with CPNP members in future newsletters. Please contact Katherine Bennett if you are interested at kbennett@choc.org.

clinical practice chair REPORT

MEGAN MURPHY RD

Our podcast, [Nutrition Pearls: The Pediatric GI Nutrition Podcast](#), has received some great feedback that has helped us shape future episodes for all our listeners. We have completed 20 episodes since launching last year and have more interactive episodes coming up this summer and fall! If you haven't yet, please consider following the show — available on all major podcast platforms. Our episodes are released the third Wednesday of every month, and our bonus episodes drop on Wednesdays throughout the month as well. If you have ideas for topics, guest speakers, or are interested in being a guest yourself, please email us at CPNP@naspgghan.org.

The NASPGHAN Clinical Practice Committee is working on continuing to update the information found on the [GIKids Website](#). If you are interested in helping update any topics or the website itself, please reach out to us at CPNP@naspgghan.org.

program chair REPORT

TEGAN MEDICO MS, MPH, RDN, CNSC

The agenda for the 2024 CPNP Nutrition Symposium at the NASPGHAN Annual Meeting in Hollywood, Florida has been set! ARFID, Alpha-Gal Syndrome, Bone Health, MAFLD, and Baby Led Weaning are just a few of the hot topics. Check it out here: [2024 CPNP Nutrition Symposium Agenda](#).

[Registration](#) is now open!

professional education REPORT

NICOLE MARTIN, RD, CSP, CD

The Professional Education Committee (PEC) has officially finalized the Postgraduate course, which will be held during the NASPGHAN Annual Meeting. This extensive and educational course includes 5 modules and a total of 18 talks. The PEC has also organized 8 learning lunches for the Annual Meeting and reviewed content for the NASPGHAN webinars on June 18 and July 17.



member PROFILE

MEGAN MCNEIL, MS, RD, LD

Where do you work and what do you do now?

I work at Cincinnati Children's Hospital Medical Center (CCHMC). I work mostly with food allergy patients, including IgE mediated food allergies, Food Protein-Induced Enterocolitis Syndrome (FPIES), and Eosinophilic Esophagitis (EoE).

I worked in clinical nutrition research for 10 years at Cincinnati Children's before starting in my clinical role as a food allergy dietitian. I did not anticipate staying in research as long as I did but I found the work to be interesting and ever-evolving, so I was always learning something new and so I stuck around longer than I expected!

Where did you go to school, internship and what (if any) other certifications do you have?

I went to the University of Dayton, in Ohio for my undergraduate degree. I actually started out as a Communication major! After learning about the field of dietetics through a close friend who was studying Nutrition and Dietetics I became interested in the field and switched over!

I was interested in working more in the business realm when I was in undergrad, which is why I completed my internship at the College of Saint Elizabeth in Morristown, New Jersey. In addition to completing standard clinical rotations, I was able to also intern with dietitians as a grocery store chain and at a formula company.

I ended up taking my first position at CCHMC in a nutrition research group. In this position, we provided a variety of services for nutrition focused research studies. The services provided were vast, from completing 24-hour recalls with a robust nutrient database, to making recipes that we weighed to 0.1 of a gram!

While working in this position I completed my Masters in Nutrition Science at the University of Cincinnati. My thesis project was a qualitative study looking at understanding the barriers and facilitators of diabetes self-management for adults who use an inner-city food pantry. The results of this study would be used to then create an intervention program for this population.

What are your interests/passions in your current role? Or in general?

I love working with food allergy patients. I don't love the restrictions per say, but I love giving families the knowledge and power to be able to navigate how to confidently feed their child and see there are a lot more food options out there than you think, and for that matter often in normal retail grocery stores!

What advice or recommendations do you have for other CPNP members?

Take on new experiences and opportunities, even if it's out of your comfort zone. It's always good to keep learning. But as dietitians love to say – everything in moderation! Say yes most of the time, but not necessarily all of the time. Sometimes less is more!



If you have a topic you would like to share in one of the upcoming newsletters, please contact

Katherine Bennett at: kbennett@choc.org

hot {topic}

An Introduction to Culinary Medicine



Katherine Bennett, MPH, RD

Culinary medicine, an interdisciplinary field that merges the art of cooking with the science of medicine, has emerged as a powerful tool in promoting health and preventing disease. As experts in the relationship between nutrition and health, registered dietitians/nutritionists are poised to champion this growing trend in medicine. This article aims to provide a general introduction to culinary medicine and a recent publication by fellow NASPGHAN and CPNP members.

▶ A BRIEF HISTORY

The roots of culinary medicine can be traced back to ancient civilizations, where food was not only a source of nourishment but also a form of medicine. Cultures across the globe, from the Mediterranean to Asia, have long recognized the healing properties of certain foods and herbs. Traditional systems of medicine, such as Ayurveda in India and Traditional Chinese Medicine, have emphasized the importance of diet in maintaining health and treating illnesses.

In the Western world, the concept of culinary medicine gained prominence in the late 20th century with the pioneering work of healthcare professionals like Dr. John La Puma (La Puma 2016) and Dr. David Eisenberg (Gabbett 2023). They recognized the need to integrate nutrition education and culinary skills into medical practice to address the rising tide of chronic diseases linked to poor dietary habits.

▶ PRINCIPLES OF CULINARY MEDICINE

In 2021, the Academy of Nutrition and Dietetics (AND) Board of Directors approved a definition of “Food as Medicine” as a philosophy where food and nutrition aids individuals through interventions that support health and wellness. Current AND president Lauri Wright PhD, RDN, LDN, FAND writes “food as medicine is a reaffirmation that food and nutrition play a role in sustaining health, preventing

disease and as a therapy for those with conditions or in situations responsive to changes in their diet” (Wright 2024).

▶ KEY PRINCIPLES OF CULINARY MEDICINE INCLUDE:

- ◆ **Whole Foods:** Emphasizing the consumption of minimally processed whole foods rich in nutrients, vitamins, and minerals.
- ◆ **Plant-based Emphasis:** Encouraging the inclusion of a variety of fruits, vegetables, whole grains, legumes, nuts, and seeds in the diet for their health-promoting properties.
- ◆ **Mindful Eating:** Promoting mindful eating practices, such as paying attention to hunger and fullness cues, savoring the flavors and textures of food, and cultivating a healthy relationship with food.
- ◆ **Cultural Competence:** Recognizing the diverse cultural preferences and dietary traditions of individuals and adapting culinary recommendations accordingly.
- ◆ **Lifestyle Factors:** Acknowledging the importance of other lifestyle factors, such as physical activity, sleep, stress management, and social connections, in achieving optimal health outcomes.

▶ SPECIAL CONSIDERATIONS IN CULINARY MEDICINE IMPLEMENTATION

While culinary medicine offers numerous benefits, it's essential to acknowledge potential downsides or challenges associated with its implementation:

TIME AND RESOURCE INTENSIVE:

Learning culinary skills and preparing healthy meals from scratch can be time-consuming, requiring individuals to allocate time for meal planning, grocery shopping, and cooking. Additionally, accessing fresh, whole foods and kitchen equipment may be challenging or expensive for some individuals or communities.

CULTURAL AND SOCIOECONOMIC FACTORS:

Culinary medicine recommendations may not always align with cultural dietary preferences or socioeconomic realities. Certain populations may face barriers to adopting recommended dietary changes due to cultural traditions, limited access to affordable healthy foods, or lack of cooking facilities. It's crucial to consider cultural competence and equity when promoting culinary medicine interventions.

COMPLEXITY AND INDIVIDUAL VARIABILITY:

Nutrition science is complex, and dietary recommendations may vary based on individual health status, genetics, and lifestyle factors. While culinary medicine emphasizes whole, plant-based foods, the optimal diet for health may differ for each person. Providing personalized dietary guidance and addressing individual needs and preferences can be challenging within the framework of culinary medicine.

RISK OF DISORDERED EATING:

While promoting mindful eating and a healthy relationship with food is a core principle of culinary medicine, there is a risk that overly

Hot Topic continues . . .

restrictive dietary recommendations or an emphasis on weight loss could contribute to disordered eating behaviors, such as orthorexia or binge eating. Healthcare professionals should be mindful of the potential psychological impact of dietary interventions and prioritize promoting overall well-being.

LACK OF STANDARDIZATION AND REGULATION:

Unlike pharmaceutical interventions, culinary medicine interventions lack standardization and regulation. There is variability in the quality and content of culinary medicine programs, cooking classes, and nutrition education materials. Ensuring the effectiveness and safety of culinary medicine interventions requires establishing evidence-based guidelines, accreditation standards, and professional oversight.

▶ THE SIGNIFICANCE OF CULINARY MEDICINE IN GASTROENTEROLOGY

Research overwhelmingly demonstrates the importance of diet in promoting health and preventing disease. This can certainly be applied to pediatric gastroenterology (GI) and GI conditions of all kinds. For example, clinicians can implement culinary medicine principles to teach patients with irritable bowel syndrome how to manage their symptoms with food. Weston and colleagues recently published their positive experience with implementation of culinary medicine in the pediatric GI field (Weston 2024). Their diagram below shows specific GI culinary medicine applications.

TABLE 1 Potential applications of culinary medicine in the pediatric GI field.⁸⁻¹⁰

Diagnosis	Dietary prescription and culinary medicine application
Celiac disease	<ul style="list-style-type: none"> • Teach patients how to select and prepare palatable, nutritious, gluten-free recipes • Avoid cross contact with gluten-containing foods to ensure safe meal preparation which avoids gluten
Obesity, metabolic dysfunction-associated fatty liver disease	<ul style="list-style-type: none"> • Teach strategies for meal planning and food shopping • Encourage scratch cooking to reduce intake of processed foods • Provide tips for portion control to improve health parameters
Crohn's disease	<ul style="list-style-type: none"> • Design personalized meal plans which may be based on the Crohn's disease exclusion diet, Mediterranean diet, or anti-inflammatory diet • Provide recipe ideas to improve dietary adherence to optimize gut healing, improve symptoms, and reduce inflammation
Ulcerative colitis	<ul style="list-style-type: none"> • Educate on details of the Mediterranean diet, specific carbohydrate diet, and the anti-inflammatory diet • Provide guidance on cooking methods and meal preparation to better manage symptoms, optimize nutritional status, and potentially reduce the frequency and severity of flare ups
Constipation	<ul style="list-style-type: none"> • Provide recipes which incorporate high-fiber foods along with adequate fluid intake from fluid rich foods which may promote regularity
EOE	<ul style="list-style-type: none"> • Teach patients how to prepare meals and snacks following an elimination diet which are nutritious and delicious
Enteral nutrition, GER, and aerodigestive disorders	<ul style="list-style-type: none"> • Help guide families to optimize nutrition that is provided by a tube using blenderized formula to minimize gastroesophageal reflux and risks associated with Aerodigestive Disorders, reduce GI symptoms, and improve transition to oral feeds • Provide guidance to promote recipes which are nutritionally adequate • Instruct on food safety principles regarding preparation as well as storage of homemade blenderized formula
Dysphagia	<ul style="list-style-type: none"> • Offer creative strategies to provide nutritious, flavorful, and appealing foods which include modifications in texture and levels of thickness that are also safe to swallow
Irritable bowel syndrome/functional GI disorders	<ul style="list-style-type: none"> • Guide patients on what foods to avoid to help improve GI symptoms • Provide tips on recipes and meal planning based on a diet that is low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPs), which may help reduce triggers that lead to discomfort in patients with IBS
Wellness in GI	<ul style="list-style-type: none"> • Provide nutrition education, guidance, and recipe ideas which include more plant-based alternatives to animal foods • Facilitate a transition toward a sustainable healthy diet • Provide tips to increase consumption of whole foods that are rich in phytonutrients, antioxidants, and fiber content

Abbreviations: EOE, eosinophilic esophagitis; GER, gastroesophageal reflux; GI, gastrointestinal; IBS, irritable bowel syndrome.



▶ **UPCOMING NASPGHAN WEBINAR SERIES ON CULINARY MEDICINE**

Blending the art of food and cooking with the science of medicine, this [new NASPGHAN webinar series](#) brings you the live interactive educational webinars that highlight the importance of food and diet within a patient’s health plan, and how to use culinary medicine tailored to specific GI diseases and symptoms.

Each session will feature speakers comprised of a physician, dietitian, and/or chef educator.

- ◆ Wellness and Prevention: October 9, 2024 8pm ET
- ◆ Blenderized Tube Feeding: November 20, 2024 8pm ET
- ◆ Eosinophilic Esophagitis: December 11, 2024 8pm ET
- ◆ Applying Culinary Medicine in Pediatric GI Disorders

[Register Here](#)

▶ **REFERENCES AND RESOURCES**


- ◆ La Puma J. What Is Culinary Medicine and What Does It Do? *Popul Health Manag.* 2016 Feb;19(1):1-3.
- ◆ Gabbett R. [The Kitchen Prescription for Better Health](#). Institute of Food Technologies-*Food Technology Magazine*. March 1, 2023.
- ◆ Wright L. Harnessing the Healing Power of Food: Why Registered Dietitian Nutritionists Must Lead the Food as Medicine Movement. *J Acad Nutr Diet.* 2024 May;124(5):557-558.

- ◆ Weston S, Weisbrod V, Duro D. Applications of culinary medicine in the pediatric gastroenterology, hepatology and nutrition field. *J Pediatr Gastroenterol Nutr.* 2024;1-4
- ◆ [Teaching Kitchen Collaborative](#)
- ◆ [Healthy Kitchens, Healthy Lives February 5-7, 2025](#)
- ◆ [American College of Culinary Medicine](#)
- ◆ Webb, D. [Culinary Medicine](#). *Today’s Dietitian*. Vol. 25 No.1 p.16.

member PERKS

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Don't forget! CPNP members get a discounted price for a yearly *JPGN* online subscription for just \$65. You can subscribe when you pay your dues online or go back into your account and add a \$65 subscription to your cart. There are many perks to a CPNP membership and this is just one! See the latest pediatric GI news by accessing *JPGN* on line.





2024 MEETINGS & TRAININGS

of interest

◆ [2024 NASPGHAN Single Topic Symposium, Postgraduate Course and Annual Meeting](#)
November 6-9, 2024
Hollywood, FL



◆ [Academy of Nutrition and Dietetics FNCE](#)
October 5-8, 2024
Minneapolis, MN