

NUTRITION AS MEDICINE

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Some of us must be thinking, why are we setting aside an entire issue on nutrition? Isn't our time better spent reading on another issue that talks about cutting edge medicine? What more do I need to know about nutrition beyond what I have learned during my undergraduate days?

Food as medicine is already an age-old concept, before the advent of nutritionists. Our eminent physicians dating back as far as Hippocrates' time had already recognized the importance of nutrition and food in our daily well-being. While we better know Hippocrates as the man who gave us the Hippocrates oath that has set the professional and ethical standards of the practice of medicine, far fewer of us know him for the quote on nutrition "Let food be thy medicine and medicine be thy food". The importance of food as medicine for our general well-being has been well-established.

In unit 1, Dr Tan Hwee Huan from KTPH endocrinology touched on lifestyle management being a key aspect in the management of type 2 diabetes mellitus, which encompasses diet, exercise, support/stress, monitoring and medicine with the acronym DESMM. This certainly gives busy clinicians a structured guide on how to advise lifestyle changes for such a complex condition.

In unit 2, Dr Samuel Chew talked about the prevalent issue of sarcopenia in ageing patients and how diagnosis and treatment are still lagging despite it being an increasing health care burden. He also explained how screening individuals with handgrip strength and gait speed can improve diagnosis in such patients.

In unit 3, Miss Debbie Thong discussed about the growing health concerns of diabetes and sarcopenia, how these can be picked up using validated screening tools, and then advising for healthy eating patterns and exercise in order to manage these conditions. All it takes is to start on healthy eating!

Our selection of 10 readings related to nutrition as medicine also shed much light on diabetes and sarcopenia. Evidence has shown that long term weight loss of 5-7% of body weight and 150 minutes of at least moderate intensity physical activity per week can benefit most patients, and that these lifestyle changes, goals and targets should be customized towards the patients' preferences and progress. Patient who had a lifestyle intervention on top of standard care benefitted greatly in glycemic control. Lifestyle interventional trials have also helped in reducing incidence of postpartum diabetes and other obesity problems. The big problem of sarcopenia is associated with risk of falls, fractures, osteoporosis, frailty, functional decline and increased mortality. Sarcopenic patients can benefit from nutritional supplementation and resistance training, and this has been shown to result in preservation of muscle mass and functional performance in older adults. Low Carbohydrate Diet (LCD) has also demonstrated a reduction in glucose and triglyceride levels and an increase in HDL levels. Insulin is one

of the treatment modalities for diabetic patients. However, 1 of the side effects of insulin therapy is weight gain, which makes the management of obesity and diabetes even more challenging. The readings also address some of the available treatment options for managing and limiting weight gain.

Finally, Dr Thio Si Min and Dr Adrian Tan's original paper on community centre-based care services for a frailty-friendly community in Singapore provides a good overview of the services available in Singapore based on the Clinical Frailty Scale and discusses how Singapore can work towards building a successful frailty-friendly community.

Through reading these articles and attending the family physician skill course, we hope you can gain the necessary knowledge to be confident in advocating "Nutrition as Medicine" for the common conditions of diabetes and sarcopenia!