

THURSDAY 25th June: Getting it right in nutritional support: What to give

Room: Rooms 10+11 combined

12:15 pm – 13:00 pm KEYNOTE LECTURE: Bulk or Bounce? What are the aims of nutrition support?

Dr. Khursheed Jeejeebhoy



Dr. Khursheed Jeejeebhoy received his medical degree from the Christian Medical College Hospital in Vellore, India in 1959. Dr. Jeejeebhoy was the past Division director of Gastroenterology at the University of Toronto and the Toronto General Hospital. Where he established and directed a program for the postgraduate training of clinical and academic gastroenterologists.

Currently he is Director of the Home parenteral nutrition program and staff physician at St. Michael's Hospital. He is also a Emeritus Professor of Medicine, cross appointed to the Department of Nutritional Sciences at the University of Toronto. He continues to practice gastroenterology at the Polyclinic. He continues his research interests through his position on the executive of the Canadian Malnutrition Task Force and as a committee member of the Canadian Clinical Practice Guidelines for Nutrition in Intensive Care.

Dr. Jeejeebhoy has published over 500 peer-reviewed articles, abstracts and book chapters to date and continues to actively publish.

He has received numerous awards throughout his career including the McCollom award from the American Society of Clinical Nutrition, the British Society of Gastroenterology, a Research Awards from the Department of Medicine, University of Toronto, and the Canadian Association of Gastroenterology and Distinguished Service Award from the Ontario Association of Gastroenterology. He has been elected senior member of the Canadian Medical Association. In 2010 he recently received the Gold medal from the Canadian Association of Physicians of Indian Origin. Association of Physicians of Indian Origin. The Canadian Society of Nutrition established the Khursheed Jeejeebhoy Award for excellence in Clinical Nutrition. In 2011 he received the Mentor award from the American Gastroenterological Association Institute.

- What are you speaking on at this year's DDF?

Diseases of the gastrointestinal tract often interfere with food intake and cause malnutrition. Conventionally we picture malnutrition as wasting of body fat and muscle and consider the objective of treating malnutrition as restoration of muscle and fat. However, lack of nutrition alters muscle and other bodily functions long before there is tissue loss. Correspondingly improvement in function precedes the gain of body tissue when we give nutrients to a person with wasted muscle and fat due to lack of nutrition. The objective of my presentation is to highlight the effects of nutrition on function as being critically important as compared to body composition.

- Why is it important?

The importance of nutrition in influencing bodily and muscle function, reducing risks of disease complications and improving quality of life needs to be emphasized. The focus of my presentation shifts the emphasis of nutrition as simply causing weight gain to a valuable modality which can prevent disease and improve lifestyle.

- What will be your own personal programme highlight of this year's programme?

In view of my interests in clinical nutrition I look forward to hearing other speakers in my session called "Getting it right in Nutritional support—what to give?" They cover a range of important topic in the field of nutrition and I look forward to hearing from these experts.

- What value do you see in the multi-disciplinary nature of the DDF meeting?

Health care is an integration of different systems and expertise. We now recognize that to maintain optimal health and to prevent and treat disease we need to integrate the expertise of different disciplines. For example to prevent heart disease, strokes and diabetes we need to integrate diet (expertise of a dietitian) as well as exercise (expertise of a kinesiologist) in our lifestyle. Patients who have surgically had parts of their bowel removed may not absorb food and become malnourished. These people often need to be fed intravenously; a process which combines the expertise of physicians, nurses, dieticians and pharmacists. These examples show the value of multi-disciplinary nature of managing digestive diseases and incorporating nutrition in medical care.

- What are the three most pressing issues in your opinion in your clinical area at the moment?

The role of nutrition in preventing disease and treating patients is just being realized and encompasses a vast area which needs attention. Three examples are given below.

Obesity with hypertension, diabetes and cardiovascular disease as well as certain cancers such as colon and breast cancer are amenable to prevention by diet and exercise. The identification and optimal regimen needs to be studied and defined.

In hospitals, nutritional care needs to be integrated into the medical and surgical care of patients.

The role of diet and exercise in reducing the infirmity of ageing is another major area of research.