Continuing Professional Development Activity for Dietitians

To the editor

In 2009 I was allocated to Andries Vosloo Hospital (AVH), Eastern Cape Province for my community service year. I was the first and only permanent dietitian at the hospital and had no dietetic supervisor.

The town of Somerset-East has a population of 39 500, consisting mainly of farmers and farm workers. There is an 80 bed hospital with 6 feeder clinics (Table I). These clinics range in distance from 5 km to 50 km from the hospital. I therefore had to set realistic goals that were reachable throughout the year since I would not have been able to visit all the clinics weekly. Even though I did put a referral system in place, I still felt that a large number of patients were left unseen. In September and October 2009, I visited each clinic with the primary aim to educate patients with diabetes mellitus type 2 (DMt2) on how to maintain high quality of life through general guidelines that are practical in their everyday situation, regardless of their financial status.

Table I: Clinics visited and number of patients attending the diabetic clinic at the respective clinics during September and October 2009

CLINIC	NUMBER PTS ATTENDING
Pearston	2*
Cookhouse	31
Union	14
Vera Barfordt	18
Aeroville	26
Beatrice Ngwentle	9
TOTAL	100

*One possible reason for the low attendance at Pearston is the renovating and upgrading of the old clinic.

Invitations were handed out a month in advance to patients diagnosed with DMt2 at each clinic. Patients attending the diabetic clinic were used to collect the following data as part of their normal care; weight, height, age, gender and blood glucose levels (BGL). Patients with incomplete data were not included in the data analysis leaving a total of 100 patients in the data analysis.

Ninety-four percent of the patients had a body mass index (BMI) greater than 24.9 kg/m² and only 5% fell within the normal range (Figure 1). Twenty one percent of the patients (about one fifth) had BGL greater than 20 and fifty six percent had BGL between 8 and 20 mmol/L (Figure 2).

Even though no statistical analyses were done to determine statistical significance, an observation made was the height of black Xhosa females; the average height of females attending clinics was 155 cm. This mean height is in line with the findings of Szabo & Allwood[1] who reported a mean height of black females in rural and urban settings to be 157 cm, which differs significantly from white urban females with a mean height of 163 cm. Therefore, an interesting topic for research might be the possible link between stunting early in life and lifestyle related diseases such as obesity and diabetes.

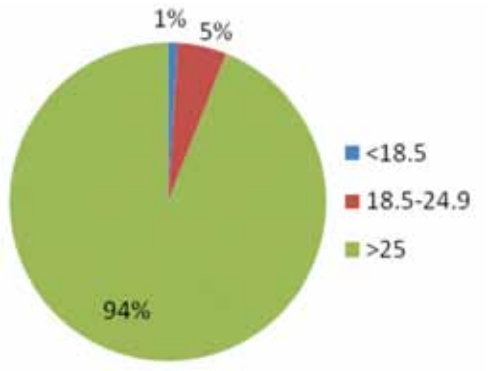

Figure 1: BMI (kg/m²) classification of patients attending diabetic clinics during September and October 2009

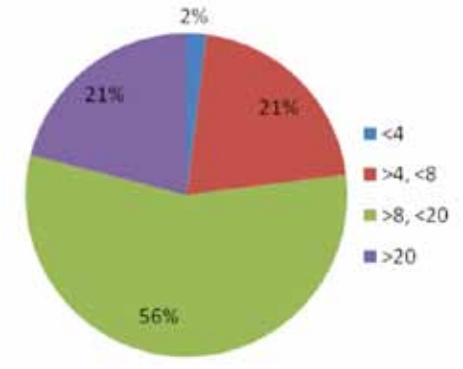

Figure 2: Percentage of patients attending the clinics with the different blood glucose level categories (mmol/L) during September and October 2009

Figures 1 and 2 underscore the need for thorough education and diabetic support groups in the Somerset-East district. Subsequent to my internship, the placing of a dietitian in this district made a difference, and I can now look back with satisfaction at where the Dietetic Department stands today.

My community service year at AVH was a great learning experience that included starting a vegetable garden, a milk kitchen, nutrition education programmes for different population groups and putting policies and procedures into place. The ultimate goal is to offer service to the patients that are science based, of outstanding quality and improving the health status of the community.

I would like to challenge each and every community service dietitian to do more than just the bare essential, to reach out to the community and to make use of the opportunity one is given.

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Reference

Szabo C, Allwood C. Body figure preference in South-African adolescent females: a cross cultural study. African Health Sciences. 2006: 6(4):201–206.