

Nutritional planning by the pharmacist for patients with chronic diseases

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Abstract

The pharmacist's knowledge of physiology and biochemistry allows them to really learn to apply this knowledge to helping patients with understanding the importance of nutrition to good health and the treatment of chronic disease. There is significant evidence that diabetes, CVD, and even cancer are associated with glucose toxicity. Understanding how to control a patient's blood glucose through nutritional education and design of a diet plan can be provided by a pharmacist. Add knowledge of nutrition to the patient's medication therapy plan can increase therapy effectiveness. An understanding of the Glycemic Index and Glycemic Load of differing carbohydrates allows the pharmacist to design a dietary plan for the patient to enhance their total therapy.

Point-of-Care devices allow the pharmacist to measure a patient's body density in particular the percentage of the patient's weight that is fat, thus allow the pharmacist to focus on developing a diet that is designed to feed muscle and at the same time reduce body fat through the use of Low Glycemic Index carbohydrates. Low Glycemic Index carbohydrates are more slowly absorbed and therefore also maintain a lower serum glucose level for a longer interval, thus the patient will not get hungry as soon as compared to High Glycemic Index carbohydrates. High Glycemic Index carbohydrates produce high peak glucose levels which result in increased fat production. Further the development of a nutrition plan allows the pharmacist to select foods that are high in potassium and low in sodium which brings significant benefit in managing hypertension. The application of nutritional principals to the patient's diet allows the pharmacist to improve total therapy benefit.

Biography

Roger Klotz received his pharmacy degree from the University of Illinois College of pharmacy. He was the Director of Pharmacy for 16 years at Children's Memorial Hospital in Chicago where he first got involved in parenteral and enteral nutrition. He also owned a community pharmacy from September 1998 to September of 2003 where he provided direct patient care services including nutritional plan for patients. In January of 2007 he became full time clinical practice faculty and developed an anticoagulation clinic in a community pharmacy. In July of 2013 he was promoted to associate professor. He has always focused on the provision of Direct Patient Care services by pharmacists.

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