



# Diet Link

OFFICIAL NEWSLETTER OF THE MALAYSIAN DIETITIANS' ASSOCIATION  
QUARTER 1 JANUARY - MARCH ISSUE 2013.01

in this issue

2

## Dietitians In Action

Events in the last quarter of 2012

3

## Up Close & Personal

Featuring Mary Easaw-John

4

## Empowerment

Hearing vs Listening

5 & 6

## What's New

Low Energy Density (ED) Diet  
Pregavid Body Mass Index

7

## Announcement

and Upcoming Events

## From The President's Desk



Happy New Year 2013! What are your New Year resolutions? MDA's resolution is to proactively be the professional Association we take pride in being a member of. It's a place we network, improve knowledge, skills and share. And all this we cannot achieve without member volunteers and their invaluable participation.

They say time flies when you are busy having fun. How true it is for MDA! 2012 was a busy, busy year for the Council and MDA working groups. I'd like to convey my appreciation by saying thanks to every single MDA volunteer for their time and dedication towards the causes of the Association and our profession. Volunteers propel us forward by helping the Association achieve its objectives and causes.

Here's to a productive year ahead, MDA!

Warm regards,  
Indra Balaratnam  
MDA President 2011-2013

## Editor's Message



It's 2013! Diet Link wishes all members a very Happy New Year!

In our regular column, "Dietitians in Action" (pg 2), we feature events which our fellow dietitians were part of in the last quarter of 2012. Speaking of events, have you registered for the MDA Scientific Conference? (Details are on pg 7)

As dietitians, listening is an important skill to grasp. Turn to the Empowerment segment (pg 4) to brush up this skill and understand your patients better. While delivering information to our patients, we are responsible in ensuring the accuracy of our advice. We feature two recent findings on page 5 and 6, in the "What's New" segment which you can read and keep yourself updated with.



Last but not least, you can now renew your MDA membership online. Turn to page 7 to find out how. We hope that this issue of Diet Link inspires and enlightens us all in our 2013 resolution to keep growing in our profession.

Have a great year ahead!

Regards,  
Mushidah & Cherlyn

*p/s: The Editors would like to hear your thoughts and suggestions on the content of Diet Link. Your feedback would help us work towards continuous improvements. Feel free to drop us an email (mushidahakram@gmail.com).*

## MDA's Diet Support Staff Training

The Diet Support Competency Training for intermediate level was conducted in Malacca Hospital in June 2012, and in Loh Guan Lye Specialist Centre, Penang in October 2012. Participants were of various professions such as diet technicians, food service staffs, chefs/cooks, assistant cooks and catering officers from both government and private hospitals

and food catering services company.

The training sessions consisted of lectures for diet disease relationship and different therapeutic diets, interactive sessions, group discussion, menu planning, hands-on activities, and visit to a hospital kitchen. For intermediate and advance stage, participants had to undergo a competency assessment to pass the training. The organising committee is working hard to finalise the host and dates for the same training this year. Watch out for the announcement on MDA website and do not miss out the chance to send your food service personnel to this training for improvement of food services at your healthcare facility.



Participants engrossed in the hands-on training module

## About Diet Support Staff Training

Diet Link interviewed Koh Pei Ling, a dietitian from Sunway Medical Centre (SunMed) who is actively involved in organising the training for diet support staff from various hospitals.

The training was initiated by SunMed's Chief Dietitian, Ms Teng Yu Yuet in 2007 after she noticed a success from similar trainings conducted for in-house staff at the hospital since 2003. Through MDA, she initially set up a committee which comprised of a group of dedicated dietitians namely Pn Mary Easaw, Yang Wai Yew, Koh Pei Ling, Sophia Wong, Celeste Lau Wai Hong, Zaridah Zainuri and Wong Siau Fui. The current committee also includes Ho Shiau Fen, Ooi Ai Im and Wong Wen Yin in the organising team.

Diet aids and chefs are the primary target with the aim to provide better understanding of therapeutic preparation of meals for hospital food service. Divided into 3 stages; beginner, intermediate and advanced, the topics range from the basic science of nutrition, therapeutic diets, customer service, food service and advance to nutrition screening. The trainings take place two to three times per year in various kitchens in hospitals. Previous venues include Hospital Selayang, Sunway Medical Centre, Hospital Sultan Ismail, Hospital Pulau Pinang, Sime Darby Medical Centre, Hospital Umum Sarawak and Ampang Puteri Specialist Centre. Limited to 24 participants per training, the 2-day course is packed with lectures, practical sessions, discussions and visits. Two thumbs up to our fellow dietitians for their initiative and effort in organising this training.

## Inaugural Cardiac Conference by IJN

The 1st Cardiac Rehabilitation Conference, organised by the IJN College in collaboration with IJN, took place on the 2nd and 3rd of November 2012. This conference was held in conjunction with the 20-years anniversary celebrations and the cardiac rehabilitation week, which was from 28th October to 3rd November.

The primary objective of this conference was to promote the awareness of cardiac rehabilitation. Other objectives included to share and enhance standards of care and best practices in cardiac rehabilitation; to offer networking and communication opportunities among health care professionals in preventive cardiology and cardiac rehabilitation fraternity; to obtain and disseminate information and education for the benefit of health care professionals dedicated to promote health, wellness and prevent cardiac vascular disease.

This conference received participation of approximately 179 local and international doctors, nurses, physiotherapists, dietitians and sports physicians from private hospitals, public hospitals, universities, Ministry of Health and corporate organisations. Many participants were satisfied with the conference and requested for it to be conducted regularly, so keep an eye on the Events page of the MDA Website for the announcement of the second conference to be held this year.



Full house audience listening to a talk

## SunMed Takes Five for Diabetes Day

Source: Nazrul Hadi bin Ismail

Sunway Medical Center celebrated World Diabetes Day in early November with the theme "Let's Take 5!". The event was conducted at the Sunway Pyramid shopping mall. MDA volunteers, headed by Nazrul Hadi bin Ismail, the Chairperson of Volunteer and External Activities Subcommittee participated in this exciting event. There were nutritional and dietetics counseling by volunteer dietitians as well as medical screening by Sunway Medical Center. There were also exhibitions by Nestle, Abbott, Novo Nordisk, Pfizer, Servier and Monash University Sunway Campus, talks and forums by medical professionals in various topic related to diabetes, games and colouring contests. All these activities were held to educate the public on preventing and living with diabetes. Diet Link would like to thank the following volunteers for their participation: Ng Kar Foo, Yeoh Ee Ling, Chan Chee Shan, Teong Lee Fang, Ti Ai Ling, Cho Yah Lee, Teo Shiau Siang & Lin Eng Yan.



Diet Counseling by MDA Volunteers



Up Close & Personal

## The Bold & Beautiful

Chief Dietitian of IJN

# Mary Easaw-John

The food service industry is diverse, exciting and dynamic. Customers' voices are being heard; food choices in the market are increasing; food service employees are being more empowered; importance of food safety is being recognised; healthy recipes are being sought after by customers. "This list is just the beginning," says Mary Easaw, Chief Dietitian of Institut Jantung Negara.

Mary was inspired to be a food service dietitian from a very young age. Precisely, when she was 15 years old and had to undergo a surgery. Her stay at a public hospital was unforgettable. The unappealing food served left a distasteful impression. "Overcooked vegetables and eggs rolling in watered down curry served using noisy trolleys - I wondered how sick patients were expected to get better with food like this!," she relates. Mary also always had a passion for cooking and she owes her culinary skills to her late mother who was a good cook.

Although her late father wanted her to be a doctor, Mary followed her heart and went on to pursue dietetics in India. Her favourite part of the degree was the home management course. As a group assignment, they had to take turns managing laundry, cooking, budgeting and housekeeping. According to Mary, "Managing food service well starts from managing your home."

Mary started her career in Johor Specialist Hospital back in 1984. The biggest challenge that she faced was providing nutritious food under a fixed budget. Many hospital administrators then did not give priority for providence of variety of meals. This situation still prevails today in some institutions. As Mary points out, food service dietitians play an important role in curbing this issue by providing data and statistics to support their request for new equipment and additional staff.

Mary, who has much experience the food service industry outlined four main aspects for effective operations:

1. The human factor which involves labour and their skills,
2. Materials which includes food and supplies,
3. Facilities whereby space and equipments to be considered and
4. Operational aspect which involves money, time, utilities and information in running the kitchen.

To her, food service is a rewarding and challenging career. Dietitians need to think out of the box, be able

to multitask and diversify their skills to decide on all the four aspects mentioned to ensure efficient food service management. "Furthermore, you need to have the courage to do it," she asserts.

In 2011, IJN's inpatient meals satisfaction survey increased to 92 per cent. This was a huge leap from the previous survey in 1999 which only marked at 60 per cent. The increase in quality and satisfaction was a result of Mary's hard work and determination in increasing efficiency. Mary humbly credits the entire team of food service as she believes that their teamwork had contributed to the achievements of HACCP and Halal accreditation. This year she recommended 34 per cent of deserving food service staff for a promotion and all her recommendations were successful!

Mary strongly believes that knowledge is very important in everything we do. She displays a positive learning attitude by attending courses and seminars on managing food contracts, waste management, quality system, energy conservation, building design and kitchen design, decision making and communications. She also believes that working with chefs and F&B managers enhanced her knowledge in menu-planning, recipe evaluation, food production, equipment and meal-plating.

The current trend of local dietetics is very much focused on clinical dietetics. When asked about her opinion on this, she emphasised the need for dietetic graduates to diversify the dietetics profession and it is important that fresh graduates unlearn, and re-learn from those whom are experienced. Mary also pointed out that food service is one of the basic requirements of dietetics. "As a dietitian, you must know how to cook. Patients will want to know how to cook easy and healthy meals at home. When I counsel patients, I will discuss about how they cook their meals. As the author of the recipe book "Meals without Guilt", I can confidently teach my patients how to prepare healthy dishes. I see this aspect of recipe modification as important part of patient education."

Last but not least; Mary has no regrets being a dietitian. Four international awards she received, stand witness to her dedication and skills. Bold - to have the courage to fight and speak out for what is right and best for her patients and staff; Beautiful - as her confidence, gained by overcoming all the challenges and hardships she faced along the way, has molded her in this profession. We hope that her experience will inspire all of us to be bold and beautiful in our career too.

EDITORIAL TEAM  
Ms Mushidah Zakiah, Editor  
Ms Cheryl Lee, Co-Editor

MALYSIAN DIETITIANS' ASSOCIATION LIST OF COUNCIL MEMBERS FOR YEAR 2011 - 2013

Immediate Past President  
Ms. Tan Yoke Hwa

President  
Ms. Indra Balaratnam

Vice President  
Dr. Hazreen bin Abdul Majid

Hon. Secretary  
Mr. Rosli bin Mohd Sali

Hon. Treasurer  
Ms. Ng Ai Kah

Council Member  
Ms. Rozanna M. Rosly  
Ms. Ng Yee Voon  
Ms. Nur Izianti binti Tajudin  
Mr. Nazrul Hadi bin Ismail  
Ms. Mushidah binti Zakiah

Findings and opinion expressed by Diet Link do not necessarily reflect the view of the Malaysian Dietitians' Association. The contents of Diet Link shall not be quoted without prior permission from the Malaysian Dietitians' Association.

Malaysian Dietitians' Association  
Suite 1208, Level 12, Amcorp Tower  
18 Persiaran Barat,  
46050 Petaling Jaya,  
Selangor, Malaysia  
Tel: 603-7948-5233  
Fax: 603-7955-6363  
Email: enquiries@dietitians.org.my

### HEAD OF MDA SUBCOMMITTEES

Public Relations, Communication and Media Committee  
Chair: Ms. Indra Balaratnam  
Education, Training & Research Committee  
Chair: Ms. Rozanna M. Rosly  
Awards, Grants and Scholarships Committee  
Chair: Ms. Ng Yee Voon  
Website Committee  
Chair: Ms. Nur Izianti binti Tajudin  
MDA Annual Scientific Conference Organizing Committee  
Chair: Dr. Hazreen bin Abdul Majid  
Volunteer and External Activities Committee  
Chair: Mr Nazrul Hadi bin Ismail

To download a softcopy of the Diet Link, please visit [www.dietitians.org.my](http://www.dietitians.org.my)

# HEARING VS LISTENING?

## Empowerment

Contrary to popular belief, there is in fact significant differences between hearing and *listening*.

Hearing is simply the act of perceiving sound by the ear. If you are not hearing-impaired, hearing simply happens. Listening, however, is something you consciously choose to do. Listening requires concentration so that your brain processes meaning from words and sentences. Most people tend to be “hard of listening” rather than “hard of hearing.”

As dietitians, listening is an integral part of our daily routine. The ability to listen and interpret the message given by patients is very important to ensure correct information is received for our next step. Wrong input would only lead to wrong output and that would not help our patients at all.

There are obstacles to effective listening. These obstacles can fall under a few categories -physical, physiological, psychological, factual and semantic distractions. To ensure effective listening, it is important to understand that it is not just the speaker's responsibility to make sure he/she is understood. The listener has a major role to play in receiving the complete message. The following ideas will assist you, as a listener, to understand the message received.

## Ten Commandments of Effective Listening

- 1 Stop talking.** You cannot listen when you are talking. Your mind will be concentrating on what you wish to say and this will lead to a lack of attention being given to what the other person is trying to say. Consciously focus your attention on the speaker.
- 2 Put the speaker at ease.** Relax, smile, look at the speaker and help him/her feel free to talk. Your body language and expression should convey that you are interested in what they have to say. Remove distractions: turn off the TV; close the door; stop what you are doing (including focusing too much on writing notes and listen intently).
- 3 Pay attention to the nonverbal language of physical gestures, facial expressions, tone of voice, and body posture.** Professor Albert Mehrabian, a Professor Emeritus of Psychology in UCLA, conducted a research in body language and nonverbal communication. The results of this research showed that 55 percent of the message meaning is nonverbal, 38 percent is indicated by tone of voice, and only 7 percent is conveyed by the words used in a spoken message. Few people know how to listen to the eyes; what a tapping foot means; a furrowed brow; clenched fist; the biting of nails. These often reveal the key feelings behind the words said.
- 4 Enquire for details.** Ask questions to clarify the meaning of words and the feelings involved, or ask the speaker to enlarge on the statement. People often find it difficult to speak up about matters or experiences that are very important or highly emotional for them. Listen for how the speaker presents the message. What people hesitate to say is often the most critical point.
- 5 Check your understanding.** Reflect what the other person has said by sharing a similar experience so
- 6 Be aware of “tune out” words.** These are words which appear in the media that strike an emotional chord in the listener and interferes with attentive listening (e.g. abortion, nuclear war, communism, homosexuality). Avoid arguing mentally. Listen to understand, not to oppose.
- 7 Intonation of the speaker can reveal deeper meaning to their words.** Take this question for example: “What do you want?”. Now try saying it a few times – each time, emphasise the tone on different words. Notice how the meaning of the question differs when you change the emphasis from one word to the next? Paying attention to the intonation can help you interpret the message more accurately.
- 8 Be patient.** Hold back from interrupting the speaker. Allow plenty of time for the speaker to convey ideas and meaning. Be courteous and give the speaker adequate time to present his/her full message.
- 9 Hold your temper!** Try to keep your own emotions from interfering with your listening efficiency. When emotions are high, there is a tendency to tune out the speaker, become defensive, or want to give advice. You don't have to agree to be a good listener. One can always agree to disagree.
- 10 Empathise with the speaker.** Try to “walk in the other's shoes” so you can feel what that person is feeling and understand their point of view.

Evaluate yourself as a listener based on these points and make it your New Year's resolution to be a better and more effective listener.



## What's New

A group of RDs in America grouped up to conclude a recommendation statement based on two overarching themes of the 2012 Dietary Guidelines for Americans which are to consume an appropriate energy intake for a healthy weight and to consume foods and beverages that are nutrient-dense.

Low energy dense food prescription has been recommended as part of weight loss strategies. However, very little research has compared a low ED diet prescription with a standard low fat, low energy diet used in lifestyle interventions on changing dietary quality and weight loss. In this pilot study, the effects of three different diet prescriptions namely a low ED diet; a standard low energy, low fat diet; and a low ED, low energy, low fat diet on diet quality and weight loss in 44 overweight/obese adults were done for a period of 12 week. The researchers intended to see higher diet quality and greater weight loss in single prescription diet which is the low ED group compared to the other 2 groups. Subjects were taught behavior and cognitive skills to help change their lifestyle and were also instructed to gradually increase physical activity. Refer to the table for diet prescription for the 3 different conditions.

Low ED group	Low Energy, Low Fat group	Low ED, Low Energy, Low Fat group
<ul style="list-style-type: none"><li>• At least 10 foods providing <math>\leq 1.0</math> kcal/g ED (emphasis on fruits and vegetables, not including beverage)</li><li>• <math>\leq 2</math> foods providing <math>\geq 3.0</math> kcal/g ED (include beverage)</li><li>• Limit food with <math>&gt;1.0</math> kcal but <math>&lt; 3.0</math> kcal/g ED</li></ul>	<ul style="list-style-type: none"><li>• 1200 to 1500 kcal/day</li><li>• <math>&lt; 30\%</math> of energy from fat</li></ul>	<ul style="list-style-type: none"><li>• Combinations of Group 1 and Group 2</li></ul>

---

**LOW ENERGY DENSITY (ED)  
DIET ASSISTS WEIGHT LOSS  
BETTER THAN LOW FAT  
OR  
LOW CALORIE DIETS:  
A PILOT STUDY**

---

Results show that an ED prescription reduced energy and percent energy from fat and increased fiber and servings of fruit consumption per day. Although there were no significant differences in changes in self-reported energy intake and physical activity between the three conditions (could be due to inaccuracy due to under reporting), significant difference did occur between conditions in terms of weight loss. The low ED prescription produced significant weight loss. This study suggested that a single dietary prescription which is low ED may assist in weight loss and increasing fruit intake. Since it is a single recommendation, it may increase the potential to be adopted by individuals compared to many dietary goals at one time such as Low Fat, Low Energy and Low ED. More studies should be done on a bigger sample size with more control in data collection methods.

Reference:  
J Acad Nutr Diet. 2012;112:1397-1402. Hollie A. Raynor, PhD,RD; Shannon M. Looney, MPH, RD; Elizabeth Anderson Steeves, MS, RD; Marsha Spence, PhD, MS-MPH, RD; Amy

# PREGRAVID BODY MASS INDEX

## Associated with Early Introduction of Complementary Foods.

This is a prospective cohort study from year 2001 to 2005 which recruited 550 pregnant women between 15 to 20 gestational weeks with follow-up through 12 months postpartum from University of North Carolina hospitals.

The purpose of this study was to determine whether women who entered pregnancy overweight or obese were less likely to follow the American Academy of Pediatrics' guidelines of introducing complementary food to infants after 4 months of age. It was also to investigate the association between pregravid Body Mass Index and the timing of introduction of complementary food to infants.

The results of this study showed that 75.3 per cent of the participants introduced complementary foods to infants between 4 to 6 months of age; 19.6 per cent introduced before 4 months of age and 5.1 per cent after 6 months. Majority of the women who introduced complementary foods to their infant before 4 months of age were more likely to be non-white, overweight or obese before pregnancy, multiparous, less educated and of lower income group. They were also less likely to have initiated breastfeeding or to be breastfeeding at the 3 months interview.

Twenty six per cent of 527 participants had high level of depressive symptoms, and 22 per cent of 487 participants had high levels of perceived stress. It is an interesting finding

that women who began pregnancy overweight and obese are more likely to have high levels of stress and anxiety compared to normal weight women; and also among those who introduced complementary foods before 4 months of age versus mothers who introduced complementary food after 4 months of age.

Therefore this article supports strong association between pregravid overweight or obesity and lower adherence to infant feeding guidelines. The findings are concurrent with two studies conducted previously on maternal obesity and infant feeding.

In conclusion, this article highlighted the need for dietetic intervention targeting overweight and obese women to delay the introduction of complementary foods until at least four months of age. Women who are overweight and obese need more counseling and guidance on the adherence of infant feeding guidelines than normal weight women. It would be necessary for future studies to investigate why overweight women are more likely to introduce complementary food to their child earlier than 4 months of age.

*Reference: J Acad Nutr Diet. 2012;112:1397-1402. Ushma J. Mehta, PhD; Anna Mria Siega-Riz, PhD, RD; Amy H.Herring, ScD; Linda S. Adair, PhD; Margaret E. Bentley, PhD*

# UPCOMING EVENTS

Announcements  
& Upcoming  
Events

1 - 3 FEBRUARY 2013	<p><b>Malaysian Society of Hypertension 10th Annual Scientific Meeting (MSH 2013)</b></p> <p>Location      <b>Shangri La Hotel, Kuala Lumpur</b></p> <p>For more information visit <a href="http://www.msh.my">www.msh.my</a></p>	
18 - 19 MARCH 2013	<p><b>The Science and Art of Counselling: Empowering Healthy Lifestyle Changes Workshop</b></p> <p>Location      <b>Senate Room, IMU Bukit Jalil</b></p>	
26 - 27 MARCH 2013	<p><b>Conference on Non-Communicable Diseases: The Role of Diet and Physical Activity in Combating NCDs</b></p> <p>Location      <b>Renaissance Hotel, Kuala Lumpur</b></p> <p>Theme          <b>Multi-Stakeholders Strategic Partnership</b></p>	
5 - 6 APRIL 2013	<p><b>Malaysian Conference on Clinical Hypnosis</b></p> <p>Location      <b>Sunway Putra Hotel, Kuala Lumpur</b></p>	
20 - 21 MAY 2013	<p><b>World Forum for Nutrition Research Conference: Mediterranean Food on Health and Disease</b></p> <p>Location      <b>Reus, Tarragona, Spain</b></p> <p>Visit the conference website <a href="http://www.worldnutrition2013.com">www.worldnutrition2013.com</a></p>	
21 - 23 JUNE 2013	<p><b>MDA Scientific Meeting &amp; 19th AGM</b></p> <p>Location      <b>Sunway Putra Hotel, Kuala Lumpur</b></p> <p>Theme          <b>SPRINT (Specifically Prescribed Diet &amp; Nutrition Therapy) - Advancing Dietitians Practices</b></p>	

For more information on these events, go to [www.dietitians.org.my](http://www.dietitians.org.my) and click on 'Events'.

## Announcements

### 1 Membership Renewal

It's a brand new year so if you have not renewed your membership, this is the best time to do so. Check out the simple steps posted on the MDA Website – yes, you can renew your membership online! For students who have graduated, you may now upgrade your membership.

Hurry, as the membership fee is due on the 31st of January.

### 2 2013 is the election year for MDA members to nominate and choose their preferred candidates to lead the association.

Go to [dietitians.org.my](http://dietitians.org.my), click on 'About', then click on 'Rules of Constitution' for the process flow of the election, and details on how to nominate and vote. Look out for the deadlines to be posted out soon.

Time to think about who best to lead the association for the next two years.

See you at the AGM in June!