I’m delighted to share with you that IDA is moving ahead by leaps and bounds. This has been possible thanks to your constant support and participation. I also thank the NEC Team and various Committees that are working very hard to take our association to greater heights.

IDACON 2017, the 50th conference of IDA, is fast approaching and will be held in the beautiful venue of Science City, Kolkata.

There are several discussions amongst dietitians’ groups regarding media articles and social media posts by nutritionists (who may or may not be qualified). Instead of getting distraught over unscientific information, let’s stay updated in the subject, share our authentic knowledge with our colleagues and public, be active in the association, and prove our professional expertise through quality work.

JIDA (Journal of Indian Dietetic Association) has published its second issue of 2016. Do go through the interesting papers from Mumbai, Baroda, Mysore, Indore, Faridabad, Ludhiana and Chandigarh.

IDA has submitted a dossier to the Ministry of Health and Family Welfare (MoH&FW), Government of India. The dossier contains suggestions on standards of education and practice for our fraternity. We have received an encouraging response from the government. We sincerely hope that our suggestions will be put to good use.

FSSAI has involved IDA in its discussions for the project ‘Safe & Nutritious Food’. IDA has given lectures at ‘Train the Trainer’ workshops for the skill-based short-term programs in health, organised by MoH&FW, Government of India.

Visits to IDA chapters by the RD Board Chairperson and the National President, have gathered momentum. 11 chapters have been covered thus far. This initiative has been very well received. The face-to-face interaction has helped to answer many important queries from members.

See you in Kolkata!

Sheela Krishnaswamy
National President
IDA
Cardiovascular disease (CVD) is the leading global cause of death accounting for 17.3 million deaths per year. The saturated fat and CVD story have been in the limelight for more than three decades. Recently the relationship has been reevaluated.

Since 1961, the American Heart Association (AHA) has recommended reduction in dietary saturated fats to reduce risk of CVD. The 2015–2020 Dietary Guidelines for Americans (USDA, 2015) recommend consuming <10% of calories from Saturated Fatty Acids (SFA) for the general population and replacing saturated fat with unsaturated fat. The 2013 American Heart Association (AHA)/American College of Cardiology (ACC) guidelines on lifestyle management suggest decreasing the saturated fat intake to 5-6% of the total daily energy consumed, for individuals with raised serum LDL-cholesterol concentrations.

This article reviews the evidence from randomized clinical trials that focused on lowering dietary saturated fat and the theories on its optimal quality and quantity along with its impact on CVD outcomes. Let us relook at the trials with respect to overall health, its atherogenicity and cardiovascular events.

**Low Saturated Fat, High Polysaturated Fat Diets**

As early as 1969, Dayton et al conducted a double blind randomized trial for 8 years on 846 men (mean age 65yrs), with 30% of the men having CVD. The saturated fatty acids were replaced by a high polysaturated fatty acid (PUFA) diet in the experimental group. This intervention significantly reduced CVD events by 31% (p=0.001) and ischemic stroke by 34% (p=0.04).

The Oslo Diet Heart Study which randomly assigned an experimental group a low saturated, high polyunsaturated fat diet, for 5 years trial, revealed lowered serum cholesterol by 14%. The PUFA diet significantly reduced recurrent myocardial infarction and new cases of angina pectoris by 29% (p=0.011) as compared to saturated fat diet control group, thereby reducing cardiovascular mortality (27%) significantly (Leren, 1970).

The Finnish Mental Hospital study by Miettinen (1983) compared the effect of a diet high in polyunsaturated fat, mainly soya-bean oil with a diet high in saturated fat on 1222 patients at a psychiatric hospital. The results showed that lowering saturated fat and replacing it with vegetable oil rich in PUFA (soya-bean oil) lowered coronary heart disease by 29%.

The British Medical Research Council (Lancet, 1968) compared the effect of a diet containing soybean oil (86g/d) with a diet rich in saturated fat from animal products in 393 men after Myocardial Infarction. After 4years, 62 of 199 in the soybean oil group had recurrent CV events as compared to 74 of 104 in the high SFA group; the difference however was not statistically significant.

Two meta analyses, analyzed the above four core trials on basis of quality of study design, execution and adherence for 2 years plus other non-core trials (did not have >1 characteristic but replaced SFA with PUFA diet) - STARS, DART, Minnesota, Rose Study, Sydney Heart Study. In summary, in these trials reduced saturated fat diets and increased polyunsaturated fat/vegetable oils significantly lowered CVD events by 27-31%; similar to reductions achieved by statin treatment ~30% (Lancet 2012).

**Low Saturated Fat, High Carbohydrate Diet**

Few researchers studied the effect of a low saturated fat diet on cholesterol levels, replacing SFA with carbohydrates. The DART study reduced CHD event by 8% (Lancet, 1989), British Medical Research Council reported decreased cholesterol by 5% (Lancet, 1965).

A systematic review and meta-analysis by Hooper (2015), identified 6 trials in which reducing saturated fat and replacing mainly with carbohydrates i.e. the low fat high carbohydrate approach did not significantly reduce CVD events (RR -7%, CI 95%, -21 to 8).

The Dietary Guidelines Advisory Committee Report (DGAC-USDA, 2015; Li et al, 2015) used multivariate regression analysis to show that replacing 5% of energy intake from saturated fats with polyunsaturated fats, monounsaturated fats or carbohydrates from whole grains was associated with a 25%, 15% and 9% lower risk of CHD respectively.

**Saturated Fat Replacement**

Saturated fat has been coined as the culprit since decades. Replacing 1% of daily energy intake from saturated fat with polyunsaturated fat or monounsaturated fat lowered triglycerides by 0.9 or 0.4mg/dl respectively, perhaps more in those with hypertriglyceridemia. Replacing 1% saturated fat with carbohydrates raised serum triglyceride by ~1mg/dl, irrespective of whether the carbohydrate has a high or low glycemic index (Miller et al, AHA, 2011). Replacing stearic acid with unsaturated fat lowered LDL-cholesterol as per Mensink meta-regression analysis (stearic acid makes for 30% of the fat in cocoa,10-20% lamb, pork, beef fat) as stated by Sacks et al (2014).

Coconut oil: A controlled experiment compared effects of coconut oil (90% SFA), butter and safflower oil supplying polyunsaturated linoleic acid on the lipid profile of individuals with moderately elevated cholesterol (Cox et al, 1995). Both butter and coconut oil raised LDL-cholesterol more as compared to safflower oil, butter more than coconut oil. Another study found that coconut oil significantly increased LDL-cholesterol compared with olive oil (Voon et al, 2012).

A recent systematic review listed 7 controlled trials including the above mentioned trial, wherein coconut oil raised LDL-cholesterol, significantly in 6 of these trials (Eyres et al, 2016), thus concluding towards advice against use of coconut oil.
Traditionally, Mediterranean diets have been found to have a lower risk of CHD (Chen et al., 2016). In Finland, the Nationwide Heart Project was initiated in 1972 with the goal to reduce high saturated fat, high fat milk, butter consumption to lower CHD mortality; by 1992, lowered serum cholesterol and CHD death rates decreased by 13% and 55% in men and 18% and 68% in women respectively. Other dietary changes that may have contributed include increased fruit and vegetable intake, increased fish, decreased sugar and a shift from fatty to lean meats and reduced sodium (Pietinen et al., 1996).

**Trans Fats and CVD:** A systematic review and meta-analysis of observational studies reported that higher total trans-fatty acid intake was associated with a 21% higher risk of CHD (n=6 studies) and 28% higher in CHD mortality (De Souza et al., 2015). Metabolic studies demonstrated that TFA render the plasma LDL-Cholesterol even more atherogenic than SFA (Katan, 2000) and also raises LDL and decreases HDL-Cholesterol, thereby increasing the risk of CHD (Oomen, 2001).

**Omega-3 Fatty Acids:** A systematic review was conducted on few randomized controlled trials which tested the effect of alpha-linolenic acid 2-6g/d (vegetable source) on individuals (Chowdhary, 2014). The Alpha Omega Trial tested the effect of alpha linolenic acid 2g/d with same amount of oleic acid in 2400 Dutch population for 3.4 years. Incidence of major cardiovascular events was 13.2% compared with 14.5% in the linolenic and control group; the difference not statistically significant (Kromhout, 2010). Two trials from Norway one on 200 men (Skaga, 1966), another on 13400 healthy men (Natvig, 1968), studied the effect of consumption of 5g/d alpha linolenic acid through flax seed or linseed oil compared with sunflower oil. It revealed that alpha linolenic acid did not reduce CHD in either trial. However there is consistent evidence that a higher a-linolenic acid intake is associated with a lower risk of fatal CHD, when the population is devoid of Eicosapentanoic Acid and Docosahexanoic Acid (Rastogi, 2004; Petrova, 2011).

**Mediterranean Diets:** Traditionally, Mediterranean diets had an abundance of plant foods including vegetables, legumes, nuts, fruits, grain and fish. Two randomized clinical trials suggest that Mediterranean dietary patterns in which unsaturated fats predominate lowers the incidence of CVD. Lyon Heart study, provided 2g/d a-linoleic acid as Mediterranean diet replacement to animal fat. Meat, butter, cream were reduced; fish, legumes, fruits, vegetables and whole grain bread increased. A 27-month follow-up of 605 men with acute MI revealed that cardiovascular death totalled up to 8 in experimental group as of 33 in the control group; a significant difference, suggesting that a low animal fat diet was beneficial (De Lorgeril et al., 1999).

**PREVIMED** trial, a multi-centric trial in Spain among 7447 men free of CVD and with Type 2 Diabetes Mellitus or 3 other risk factors for CVD were randomly assigned a Mediterranean diet supplemented with 50g extra virgin olive oil or a Mediterranean diet with 30 g nuts (half walnut, 1/4 almond, 1/4 hazelnut) or a reduced fat control diet for 4-5 years. The primary endpoint i.e. MI, stroke and death from CVD, was significantly lower by 30% in the olive oil group and 29% in the nut group. Saturated fat intake was low (<9% of daily energy intake) in all 3 groups, monounsaturated fat intake was 21-22% in the Mediterranean diet group as compared with 19% in the reduced fat group. Total fat intake was 41% in Mediterranean and 37% in reduced fat group. Intake of fruits, vegetables, legumes, nuts, wine and fish increased in Mediterranean diet as compared to control diet group (Estruch et al., 2013-14).

**Guidelines for Children**

National Heart, Lung and Blood Institute, U.S. in 2012 published an integrated guideline for cardiovascular health and risk reduction in children and adolescents. The study of 2379 girls showed that girls who consumed a healthy diet pattern rich in fruits, vegetables, dairy and fiber rich, low in sugar, fried foods, pizzas, burgers and total fat had significantly lower BMI and waist circumference. The Diet Intervention study (Lauer RM, 2000; Kimm, 2001) and the STRIP trial (Ninikoski, 2007), reported that reduced saturated fat intake within a healthful dietary pattern is effective for lowering LDL-cholesterol, a preventive effort against CVD in growing children. BMI and central obesity were also correlated with LDL-cholesterol.

**Review of Recommendations for Dietary Fats and Cholesterol from various organizations**

The Academy of Nutrition and Dietetics Evidence Analysis Library (AND-EAL, 2011), and National Lipid Association (NLA, 2015) in U.S. suggest intake of SFA <7% energy for dyslipidemias, AHA (2013) recommends SFA intake <5-6% energy for CVD patients and WHO/FAO (2005), USDA, Dietary Guidelines Advisory Committee (2015) suggest SFA<10% for the general population. It is also emphasized to replace SFA and TFA with unsaturated fat, complex carbohydrates and protein for better heart health.

A recent Presidential Advisory from the American Heart Association, 2017 summarizes the key evidence to reduce saturated fat and replace it with polyunsaturated fat and monounsaturated fat. It reiterates that:

- Observational studies showed that intake of polyunsaturated fat and monounsaturated fat are associated with lower rates of CVD and all cause mortality.
- Saturated fat increases LDL-cholesterol, a major cause of atherosclerosis and CVD; replacement with PUFA and MUFA decreases LDL-cholesterol and lowers serum triglycerides, an independent CVD risk factor.
- Clinical trials show that replacing saturated fat from dairy and meat with polyunsaturated fat from vegetable oils lowers CVD.
- Reducing total dietary fats, including saturated fat and replacing with mainly carbohydrates (unspecified) does not prevent CHD.
- Overall evidence supports the conclusion that PUFA from vegetable oils (mainly n-6, linoleic acid) reduces CVD, somewhat more than MUFA (oleic acid mainly).
when replacing saturated fat.

- Reduction in total dietary fat intake is not recommended, the shift from saturated fat to unsaturated fats should be along with an overall healthy dietary pattern such as DASH or Mediterranean diet as emphasized by 2015-2020 AHA/ACC Dietary Guidelines.

Fat Content of Indian Diets

Ghee: A source of saturated fat in traditional Indian diets is unclarified butter (desi ghee) which is an animal product with 71% saturated fat and 29% unsaturated fat mainly as oleic acid (MUFA-26.4%) and 2.54% from PUFA (IFCT, 2017). Assessment of dietary fat intake in central part of the country revealed the dietary fat contributed 19-21 energy% of which ghee was 2-4 energy%, well within the recommended <7% of SFA. (Bhargava and Gupta, 2000; 2004; AMS, 2002).

References

• Frank M S, Alice H L, Jason H Y Wu, et al., Dietary Fats and Cardiovascular Disease, A presidential Advisory from the American Heart Association, Circulation; 2017.
• Review of Recommendation for Dietary Fats and Cholesterol from various organizations. Evidence Analysis Library, Academy of Nutrition and Dietetics, Jan, 2016.
The Indian Dietetic Association (IDA) had the Mid-term NEC meeting on 30th June and 1st July 2017 at the Howard Johnson Hotel, Bengaluru. This was the first meeting of the IDA NEC for the year 2017. A total of about 45 NEC members from all the chapters across India attended the meeting at the IT City.

The meeting comprised two days of work, and was split into Registered Dietitian (RD) Board meeting, National Executive committee (NEC) meeting and the sub committees (Education, Research, Media, Website, JIDA & Advocacy) meetings.

On Day 1 (30th June 2017) the RD Board members convened and deliberated at length the details about RD Internship training, RD exam registration, examination centers, paper setting and evaluation, etc. The RD Board also reassessed the applications of RD Internship training hospitals for approval. About 11 hospitals were accepted and recognized for RD internship training across India.

The members of the IDA NEC also met in the evening of 30th June 2017 for a networking dinner.

On Day 2 (1st July 2017) the IDA NEC members assembled for a marathon meeting from 9 am to 6 pm. In the meeting, the NEC members received updates and briefings of the work carried out by the sub committees. The NEC discussed and deliberated on the information presented by the sub committees and formed recommendations and further actions.

The NEC also discussed important matters like revising the IDA constitution and bye-laws. Other matters like change in nomenclature, proposals for new chapters, new IDA initiatives, chapter activities, formed a part of the NEC discussions.

The next IDA NEC meeting would be held in Kolkata, India in December 2017 before IDACON 2017.

The meeting was adjourned with a vote of thanks to the Bangalore chapter for their excellent hospitality and to all the NEC members for their enthusiastic participation.

Sangeetha Narayana Swamy,
Joint Secretary (President),
Indian Dietetic Association - NEC

What’s New in IDA

- R.D. exam to be held in February every year.
- Revamped IDA website with upload links to National Newsletter and Chapter Newsletters.
- Biannual issues of National Newsletter by Media and Communications Committee.
- Chapter Newsletters/ reports by various chapters on website.
- E-journal for JIDA in pipeline.
- New Chapter - Puducherry IDA Chapter approved.

Dietetics Day 2018 Theme:
‘Ensuring Safe and Nutritious Food’
10 January 2018
'Clear misconceptions towards dieting practices'

IDA in the News

Eat home-cooked food to stay healthy, say dietitians

Nadine Stoltz, chief executive of the LDE

Dietitians have started raising awareness about...
"फिटनेस नहीं तो पदक भी नहीं"
वर्ल्ड डक्टिटिको-2 के उपग्रह पर विद्युत्सेवों से चुरा प्राइट पर धर्म एक्सपोजर ने कहा

FITNESS TIPS

रिटिन फिटनेस - मुस्कुंड और कैपिटल में था जो एक तरीका था जो किसी भी लोगों को, जो खेल और विद्युत लगाता था पर अपनी पढ़ाई कर रहे थे, तो एक प्रॉटोटाइप फिटनेस से लोगों के बाहर थे. यह रिटिन फिटनेस ने निकले के बाहर ये पीढ़ी थे जो है और एक फुट था जो है। यह रिटिन फिटनेस के राज्य में था जो किसी भी लोगों को, जो खेल और विद्युत के बाहर थे. यह रिटिन फिटनेस ने निकले के बाहर ये पीढ़ी थे जो है और एक फुट था जो है।

Get fooducated: Don't depend on net, consult a nutritionist or doc

WHAT DOCTORS RECOMMEND

1. Do not trust the information given on the internet blindly.
2. All supplements are not safe, consult a doctor or a nutritionist before use.
3. Read the nutrition label and caution printed before taking any product.
4. Every body type is different and so are their nutritional requirements.
5. Do not decrease the dosage of any supplement.

Dr. Vicky Saini's Expert Opinion:

A boost to 1.5 g protein per kg needed for increasing muscle mass. People, when one wants to increase muscle mass, they use this to 3.5 g protein per kg. This is not only important for growth but also helps in recovering from daily activity. People should consult a nutritionist or doctor for advice on how to achieve this goal.

Dr. Samir M. Jain

Endocrinologist

Just because lifestyle research is carried out more aggressively in the West and the results are widely circulated doesn't mean that they apply in a similar manner to us. We have our own climate pool, our own way of living, and the research on Western population is not always true for us.

In the lifestyle of an individual nutritional needs vary according to seasons and years. It would be excellent if we could have nutritional evaluation and guidance as part of health assessment. We could start with adolescents who are always willing to learn. Or whenever a woman gets preganant, a detailed nutritional intervention and guidance would go a long way in preventing malnutrition, anaemia, and osteoporosis. It could help teach her to feed her family sensibly and culturally.
Indian diet has 50% inadequate protein pattern, say experts

New Delhi: As the government continues to initiate various programmes to meet nutrition deficien-cy-y-related issues, the Indian Dietetic Association (IDA) on Wednesday revealed that Indian diet has 50 per cent inadequate protein pattern. The fact, also supported in the Food Protein Nutrition Development Association of India (PFNDA), is necessary for people to have extra intake of healthy food since dietary amino acids alone do not fulfil the protein requirement of the body.

According to experts, the intake of high protein food such as milk, eggs, pulses, and beans that can be added to the diet of a child and help in growing and developing into a healthy adult. In case of a child, the requirement is higher and, therefore, dietary protein is necessary to meet the daily requirement of the body.

Experts claim that the dietary protein requirement in the second growth spurt of the body is 22.5 per cent higher than the first growth spurt. In case of a child, the requirement is higher and, therefore, dietary protein is necessary to meet the daily requirement of the body.

“The Indian diet is deficient in protein, and this is a growing concern,” said Dr. S. Satish, a nutritionist and dietitian. “The primary concern is the inadequate intake of protein, which is necessary for growth and development in children.”

Many hospitals in Mysuru lack qualified nutritionists: IDA

While the government continues to launch various programmes to meet the nutrition deficiency, the Indian Dietetic Association (IDA) on Wednesday revealed that many hospitals in Mysuru lack qualified nutritionists.

Many hospitals in Mysuru have been unable to meet the growing demand for qualified nutritionists, said Dr. S. Satish, a nutritionist and dietitian. “The primary concern is the inadequate intake of protein, which is necessary for growth and development in children.”

During the ‘protein week’, the IDA along with the PFNDA will hold educational seminars to spread awareness about the importance of protein intake. The IDA and PFNDA will organise various seminars in the city.

Experts claimed that the dietary protein requirement in the second growth spurt is twice that of a toddler’s and is further increased by almost 20 g per day in the third trimester compared to an adult.

“The Indian diet is deficient in protein, and this is a growing concern,” said Dr. S. Satish, a nutritionist and dietitian. “The primary concern is the inadequate intake of protein, which is necessary for growth and development in children.”

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Experts call inadequate protein in Indian diet a major nutritional challenge

The Delhi Chaper Indian Diabetic Association (IDIA) has announced ‘The Protein Week,’ supported by PFNDAI, a special initiative aimed at building awareness around the importance of protein.

By BioVoice Correspondent - July 19, 2017

Vegan diet may affect immunity, say health experts

Vegans, especially expectant mothers, run greater risk of suffering “lowered immunity” or contracting infection as their protein intake comes completely from plant-based diet, health experts today cautioned.

Top diabetologists and nutritionists, who gathered in the capital to announce the launch of a protein awareness campaign in the country, also emphasised that pregnant women cannot achieve optimal protein intake with exclusive vegetarian diet.

“There are many myths surrounding sources of protein and people are confused about the dietary protein intake and often assume that it is for body builders only. And, while for non-vegetarians, there is a whole range of food as a protein-rich source, for vegetarians, milk is a major source.”
Vegan diet may affect immunity, say health experts

Top dieticians and nutritionists, who gathered in the capital to announce the launch of a protein awareness campaign in the country, also emphasised that pregnant women cannot achieve optimal protein intake with exclusive vegetarian diet.

New Delhi, Jul 18: Vegans, especially expectant mothers, run greater risk of suffering “lowered immunity” or contracting infection as their protein intake comes completely from plant-based health experts today cautioned.

Top dieticians and nutritionists, who gathered in the capital to announce the launch of a protein awareness campaign in the country, also emphasised that pregnant women cannot achieve optimal protein intake with exclusive vegetarian diet.

“There are many myths surrounding sources of protein and people are confused about the dietary protein intake, often assume that it is for body builders only, and, while for non-vegetarians, there is a whole range of food as a protein rich source, for vegetarians, milk is a major source besides, cereals and legumes.

For expectant mothers, who are vegetarians, milk can suffice the intake, but problem is for vegans, who take only plant-based diet. ‘Nutritional pathologist and former director of National Institute of Nutrition, Dr O P Sehgal said.

He was interacting with reporters at pre-launch event of ‘The Protein Week’, a first such initiative in the country.

Delhi Chapter of the Indian Diabetic Association (IDA), today declared that the week would be observed from 10. The initiative is supported by the Protein Foods Nutrition Development Association of India (PFNDAI).

Experts said if a vegan takes proper diet of non-vegetable origin, they can achieve the same.

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**IDA Committee Reports**

**RD Board**

- RD Board Chairperson or Member along with National President visited Jammu & Kashmir, Delhi, Lucknow, Jaipur, Chandigarh, Ludhiana, Kerala, Coimbatore chapters and addressed the members about their queries regarding RD exam eligibility, training, internship etc. At the same time, they visited a few hospitals to audit the facilities for RD training. Other Chapter visits are in the pipeline.

- RD Exam date is been changed from November to February of every year for the convenience of students to write exam after internship without wasting time once academic year is completed. The new information has been uploaded on the IDA website.

- There will be no RD exam in 2017. The next RD exam date is 10th February 2018. Last date to apply on-line is 30th November 2017.

- RD exam applications process is online from the coming exam. No manual forms to be posted as per rules, please write to rd.chair2016@gmail.com in case of difficulty to fill online form. All are requested to take professional help to fill online form and upload documents. Those eligible will be able to receive hall ticket one month before of exam.

RD Board wishes success to all applicants.

**Media and Communication Committee**

- Since some chapters were bringing out their own newsletters, it was decided that the National newsletter should not carry Chapter reports. All Chapters could write their reports and upload on IDA website.

- Dietetics Day 2018 theme was decided to be “Ensuring Safe and Nutritious Food”. FSSAI had shown interest in supporting IDA activities of Dietetics Day.

- Efforts to make IDA active on social media like Facebook, twitter,instagram etc will be initiated.

- To increase the visibility of IDA among medical practitioners, some information sheets on important diseases/diets will be developed and uploaded on the IDA website for free downloading and printing. These could then be placed in OPDs, doctors chambers etc.

**Website Committee**

- The IDA Website has been revamped.

- It carries latest updates on RD exam, main events, JIDA and IDA national as well as chapter newsletters.

Kudos to the Committee!

**Advocacy Committee**

- The advocacy committee has started liaising with the Government for the regulation and recognition of dietitians across India.
IDA members including Dr Kumud Khanna, Dr Seema Puri, Dr Alka Mohan Chutani, Ms Neelanjana Singh and Dr Eram Rao contributed to a widely disseminated FSSAI Publication (2017) - “The Pink Book: Guide to safe and nutritious food at home.” to create awareness about Safe and Nutritious Food @Home.

http://foodsmart.fssai.gov.in/PinkBook.pdf
Achievements of Members (2017)

We are proud that the Winning Essays of the Wimpfheimer–Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management, USA, were awarded to 2 IDA members as Runners Up in 2017

- Shilpa Joshi, MSC, RD
  *Diabetes Education Can be a Model for Nutrition Education*
- Monal R. Velangi
  *High Five to be Fit*

Awards

- Dr Anita Malhotra received Meritorious College Lecturer Award of Rs 1,00,000 from Government of NCT of Delhi, Directorate of Higher Education, Delhi, 2016
- Dr Anjali Dewan was awarded the Global Award for Excellence for being a distinguished teacher in the field of Nutrition – 2016 at the 6th MTC Global Annual convention: Sankalp 2016 at International School of Management Excellence, Bangalore; Women Achiever’s Award 2017 by the Centre for Women Studies & Development, Himachal Pradesh University, Shimla; and for her contribution in the field of Education, Culture, Environment and Disaster Management by the Czech Ambassador, His Excellency Mr. Milan Hovorka on March 30, 2017.
- Dr Jagmeet Madan was awarded Maharishi Karve Uttakrishta Shikshak Award 2017 on the 101st Foundation Day of the SNDT Women's University Juhu, Mumbai.
- Charu Dua: National Nutrition Award : for work in community on Nutrition

Scientific Papers Published in 2017

- Aslam I., Durrani A.M.; Factors Influencing Food Preferences of Adolescents in Aligarh City: Findings from Focus-Group Discussion with Adolescents, ADR Journal of Integrated Community Health 5(1); 10-16; March 2017


• **Anne Marie Thow, Sumit Karn, Madhu Dixit Devkota, Sabrina Rasheed, SK Roy, Yaseen Suleman, Tabish Hazir, Archana Patel, Abhay Gaidhane, Seema Puri, Sanjeeva Godakandage, Upul Senarath, Michael J. Dibley.** Opportunities for strengthening infant and young child feeding policies in South Asia: Insights from the SAIFRN policy analysis project. BMC Public Health 2017, 17(Suppl 2):404.

• **Seema Puri.** Transition In Infant And Young Child Feeding Practices In India. Current Diabetes Review 13: 1-5, 2017


• **Janaki Srinath Puskuri, Vani Katukam, R.B. Sashidhar.** Immunological evaluation of Gum kondagogu (Cochlospermum gossypium): A tree gum with potential applications in food and pharma industry. Bioactive Carbohydrates and Dietary Fibre, Volume 11, July 2017, Pages 48-52.

• **Quratul-Aan.** Childhood obesity in Kashmir-A Review. Physicians Academy 2017; 11(4).
Hello everyone!!!
Indian Dietetic Association, born in 1962, is going to celebrate its 50th Annual National Conference at its birthplace, Kolkata. This mega event will be held at Science City, Kolkata from 18th to 20th December 2017. Theme of our conference is:

**NOURISH TO FLOURISH – NUTRITION FOR HEALTH AND ECONOMIC DEVELOPMENT**

Good nutrition is the basic building block of human capital and, as such, contributes to economic development. We will be having 5 pre-conference workshops which includes:

- FOOD COMPOSITION DATA by FAO representative
- SPORTS NUTRITION
- PAEDIATRIC NUTRITION
- NUTRIGENOMICS
- BURN NUTRITION

Apart from these workshops we will have lots of sessions covering NCDs, food safety, multi sectored approach to combat malnutrition, community nutrition, different award sessions, poster sessions. National and international speakers will be gracing this event.

**ALL ARE WELCOME IN THE CITY OF JOY TO MAKE THIS MEGA EVENT A HUGE SUCCESS**
**IDA National Executive Committee**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Sheela Krishnaswamy</td>
<td>President</td>
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<tr>
<td>Rekha Sharma</td>
<td>Imm Past President</td>
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<tr>
<td>Mitali Palodhi</td>
<td>Vice President (HQ)</td>
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<td>Jagmeet Madan</td>
<td>Vice President</td>
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<td>Seema Puri</td>
<td>Vice President</td>
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<td>Ipsita Chakravarti</td>
<td>General Secretary</td>
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<td>Aparajita Saha</td>
<td>Joint Secretary (HQ)</td>
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<td>Sangeetha Narayana Swamy</td>
<td>Joint Secretary (Prez)</td>
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<td>Tapan Kumar Adhikari</td>
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<td>Nina Singh</td>
<td>Publication Secretary</td>
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<td>Vijaya Agrawal</td>
<td>Member (HQ)</td>
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<td>Piyali Biswas</td>
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<td>Sudeshna Maitra Nag</td>
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<td>Geeta Dharmatti</td>
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<td>Sheela Krishnaswamy</td>
<td>ICDA Director + Rep</td>
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**Chapters Presidents**

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<tr>
<th>Chapter</th>
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<tr>
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<td>Ms. Asha Chacko</td>
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<td>Sri Ahin Mahapatra</td>
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<td>Dr. Manisha Ghai</td>
<td>Telengana</td>
<td>Mr. Ventakateswar Rao</td>
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**RD Board Members**

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<td>Salome Benjamin</td>
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<td>Namrata Singh</td>
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<td>Veenu Seth</td>
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Media Committee - Dr Seema Puri, Ms Sheela Krishnaswamy, Ms Neelanjana Singh, Ms Shilpa Joshi, Ms Mitali Palodhi, Ms Preeti Shukla, Ms Rita Bhargava

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