UW-Extension Family Living Program  
Guidelines for Handling Requests for Assistance  
with Medical Nutrition Therapy

**Purpose.** As sources of reliable nutrition and food information, Family Living colleagues, including WNEP Coordinators and Nutrition Educators, are frequently asked for help with medically-prescribed diets, also referred to as special diets or medical nutrition therapy (MNT). The goal of this document is to clarify the role of Family Living colleagues who find themselves in this situation, and to provide guidelines for addressing MNT questions.

**Background.** Family Living colleagues provide research-based education to help people attain optimum levels of health and fitness. Education that helps people follow the recommendations of the Dietary Guidelines for Americans and MyPyramid is aimed at prevention of disease rather than disease management or treatment and is not considered MNT.

Medical nutrition therapy is aimed at disease management or treatment, and includes individualized assessment of nutritional status, evaluation of nutritional needs, intervention such as counseling on diet prescriptions, and follow-up care as appropriate. (Source: Institute of Medicine, *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population, 2000.*)

Persons qualified to provide MNT include Registered Dietitians. Extension colleagues are not in a position to provide MNT even if they are Registered Dietitians.* Furthermore, doing so might delay a person from locating the best source of information to address his/her medical question. In addition the University of Wisconsin-Extension cannot assume liability for MNT recommendations.

**Guidelines.**

1. Do not prescribe diets or give MNT advice. In most cases, it is best to refer an individual to his or her primary health care provider for help with MNT. Even if clients do not have ready access to a health care provider, Extension colleagues should not provide MNT.

2. Discuss these guidelines with unit/office colleagues to ensure that everyone understands these expectations and agrees on what types of referrals are appropriate. Be familiar with the health care services available in your area such as nutrition counseling at local hospitals/clinics and public health programs. The American Dietetic Association Nationwide Nutrition Network may be helpful to consumers searching for a Registered Dietitian in their area and can be accessed at [http://www.eatright.org](http://www.eatright.org) or by calling 1-800-366-1655.

3. Inform agency partners about UW-Extension’s role as a provider of nutrition education rather than medical nutrition therapy or information about special diets.

4. Contact an Extension Nutrition Specialist if you need assistance in deciding how to respond to a request that may involve MNT.

*In rare instances, MNT might be appropriately provided as part of a special grant-funded Extension project.

**Examples.**

**Do** encourage the consumption of adequate nutrients within calorie needs using the *Dietary Guidelines for Americans* and *MyPyramid* concepts.

**Do** teach individuals how to read Nutrition Facts and ingredient information on food labels. Learners who are following a special diet plan such as for hypertension can benefit from having the basics of label reading.

**Do** teach menu planning using *MyPyramid* concepts. Learners who are following a special diet plan such as for diabetes can benefit from having the basics of menu planning.

**Do** teach individuals to prepare recipes in accordance with the *Dietary Guidelines for Americans* and *MyPyramid*. For example, demonstrate how to prepare recipes using low-fat ingredients.

**Do** encourage individuals to ask their health care providers when they have questions about modifying their diet for a medical condition such as diabetes.

**Do** respond to MNT myths and misinformation by encouraging individuals to check with their health care providers or by working with agency partners to identify qualified health professionals who can provide accurate information.

**Do** suggest individuals contact their health care providers when they want advice about their symptoms.

**Do** emphasize that nutrient needs should be met primarily through consuming foods. In certain cases, fortified foods and dietary supplements might be useful, as described in the *Dietary Guidelines for Americans*.

**Do not** make personal recommendations that are outside of the normal limits of nutrition education, as illustrated in *MyPyramid* eating patterns.

**Do not** provide instruction or answer questions about which or how much of specific foods and/or recipes may or may not be eaten on any specific diet.

**Do not** plan menus for individuals on a special diet. Do not adjust your teaching or stray from *Dietary Guidelines for Americans* and *MyPyramid* concepts even if you think it may be helpful to a learner who is following a special diet.

**Do not** label recipes as appropriate or inappropriate for a medically prescribed diet. For example, do not state, “good for low sodium diets.”

**Do not** interpret or explain a medically prescribed diet.

**Do not** give medical nutrition advice even if you believe that learners or others have offered or shared MNT information that is inaccurate.

**Do not** diagnose conditions or diseases. For example, do not tell an individual that he/she has lactose intolerance or an allergy if he/she tells you about symptoms, even if you have personal experience with the disease/condition.

**Do not** recommend specific brands or amounts of vitamin or mineral supplements (beyond the specifics provided in the *Dietary Guidelines for Americans*). Do not recommend herbal supplements, meal replacement products such as weight-loss beverages, and "energy" or sports products such as protein bars or sports drinks. Do not give advice on drug-supplement interactions.