



**THE BRITISH DIETETIC ASSOCIATION**  
*The Professional Association for State Registered Dietitians*



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# Media Release

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**For Immediate Release**

## **Dietitians Welcome *Which?* Report on Nutritional Therapists**

*Health Which?* magazine surveyed and assessed the clinical competence of a group of nutritional therapists in treating Irritable Bowel Syndrome, a benign, common condition that can create misery for sufferers.

The research highlights the concerns of State Registered Dietitians (SRDs). It reveals that the advice provided by many nutritional therapists is not scientifically sound. SRDs want the public to be protected from ill-informed and, in some cases, dangerous advice offered by inadequately trained individuals.

Catherine Collins, Chief Dietitian at St George's Hospital in London, reviewed the interview transcripts. Catherine commented 'It really worried me that therapists, many of whom give unfounded advice in health pages, provided an eclectic mixture of healthy eating messages with contradictory or bizarre dietary exclusions. In most cases, therapists promoted and sold dietary supplements that have no influence on symptom control, nor any clinically proven benefit in the treatment of IBS. The supplements they advocated included blue-green algae, digestive enzymes and lecithin granules.'

The British Association of Nutritional Therapists, a voluntary body that holds a register of nutritional therapists, admitted to *Health Which?* that it recognises the need for therapists' standards to improve, but offers no regulatory or educational training that would be acceptable for employment within the National Health Service.

The BDA recommends that individuals should seek accurate, independent advice from SRDs, who can be accessed via their GP practice or following referral to their local hospital.

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State Registration in Dietetics is the only legally recognised qualification in nutrition and dietetics in the UK. SRDs have four to five years training including hospital experience. Contrast this with nutritional therapists who may have attended courses lasting as little as 3 days.

**For further information please contact:**

**Notes to editors:**

The rationale of dietetic advice for IBS is not what you need to cut out, but what you need to include.

After correct diagnosis of IBS dietary intervention would consider the following:

- Healthy eating approach: aiming to increase starchy foods and fruit and vegetables in particular
- Regular food throughout the day
- Adequate fluid intake
- Reduction in caffeine-containing beverages (tea, coffee, cola drinks and cold remedies) if client appears sensitive to caffeine
- Avoidance of very hot, very cold or spicy foods if they are thought to exacerbate symptoms
- Increased consumption of 'live' probiotic products such as live yoghurt.
- Increased intake of soluble fibre (oats, porridge, fruits and vegetables and *some* functional foods such as those of proven effectiveness in improving bowel health)

If the above fail to improve symptoms, single or multi- food exclusion diet would be considered.

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