

Why do we Need to Evaluate Therapeutic Diets for Cardiac Patients Admitted in Healthcare Institutions?

Cardiovascular Disease (CVD) remains the leading cause of mortality in the Philippines. Proper nutrition is vital in managing and treating these patients, influencing their hospital stay and long-term outcomes.¹ Cardiac patients admitted in healthcare institutions often rely on nutrition and dietetics services including therapeutic meals provided by the facilities depending on the needs of the patient. A poorly planned therapeutic diet can exacerbate underlying cardiac conditions, leading to further complications which can prolong hospital stay and readmission.²

There is no written dietary standards or guidelines that are developed for Filipinos with cardiac health concerns. The dietary regimens intended for cardiac patients and its complications are adapted from other therapeutic diets used in other population [e.g., Mediterranean Diet, Dietary Approach to Stop Hypertension Diet (DASH Diet), American Heart Association (AHA) Diet, etc.]. Although based on anecdotal evidence, therapeutic diets intended for cardiac diet patients in the Philippines are usually tagged as the Low Salt, Low Fat Diet and/or Fat-Controlled Diet.³ According to Hersberger et al., individualized nutrition support as opposed to regular hospital diet significantly reduces the risk of complications and mortality among cardiac patients.⁴

In the Philippines, nutrition care is usually provided by the Nutrition and Dietetics Unit of the hospital manned by Registered Nutritionist-Dietitians where therapeutic diets are prepared centrally and delivered in the patient's room.^{5,6} In 2016, the Department of Health (DOH) implemented the Administrative Order 2016-0020 suggesting that the minimum meal allowance of at least PhP 150.00 per patient per day for meals should be imposed.⁷ According to Casas et al., the quality of inpatient meals in the Philippine public hospitals had a great difficulty setting up the necessary structures for good nutrition care abiding the nutrition care standards set in 2016.⁸ These limitations could potentially exacerbate the absence of guidelines intended for Filipino cardiac patients needing a dietary regimen that will suit their dietary needs and requirements.

These concerns were supported by the findings of Simon and Elope, indicating the need for improvements in nutritional adequacy and adherence to CVD guidelines of hospital therapeutic diets in selected hospitals in Mindanao.^{3,8} Having these complex issues revolving around therapeutic diets for cardiac patients, a more in-depth evaluation of therapeutic diets should be conducted in the Philippines. In addition, there is a need for consistent monitoring and evaluation as designed in the nutrition care plan as mandated by the DOH Administrative Order 2019-003.⁹

It is imperative that all public and private hospitals in the country shall provide the necessary logistics and management support to adhere to the Nutrition Care process for hospitalized patients. The guidelines should also be developed that will help the hospitals in the country to serve appropriate therapeutic diets for cardiac patients which are supportive to shorter stay in the hospital and avoidance of readmission for a better quality of life.¹⁰ Hence, there is a need for a purposeful evaluation of therapeutic diets for cardiac patients as a critical component of comprehensive cardiac care. It ensures that the dietary plan supports the patient's medical needs, contributes to recovery, and helps prevent future complications that support better quality of life even after discharge in healthcare institutions.

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