Diet and Attention deficit hyperactivity disorder (ADHD) Need for leadership, evidence and advanced practice Joan Breakey - Private Practice

- Leadership is needed as diet is not pre-scribed it needs to be developed for each patient.
- Evidence: clinical findings by dietitians, need to be recorded on foods most often causing adverse reactions.
- Advanced practice requiring sophisticated patient-centred diet investigation, towards the individual patient's best diet, is required.

The "Diamond" Patient-Centred Treatment Plan

Patient

Patient's suspect foods Suspect family foods Patient's symptoms

Diet options

Low-chemical, Dairy-&-wheat free, Allergen-free, Lactose-free, Low-grain-fibre free, High-fibre, Added-probiotics, Added-prebiotics, FODMAPS-free, Low-alcohol, Low caffeine, Low-fat, Increased-fluid, Increased-nutrition, High-energy, Low-energy diets.

Personal Elimination Diet Designed from diet options

Personalised Challenges

Individual Food Trials

Patients Own

Best Diet

Conclusion

Advancing dietetic practice is needed to address all the complexity of just how and why a particular not-clearly-defined-group have adverse reactions to foods. Dietitians need to continue to question available information, and reveal the sophisticated aspects of this less well known area of dietetics.

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