

Letter to the Editor

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Letter by Kasprowicz et al Regarding Article, “Reducing Sodium Intake to Prevent Stroke: Time for Action, Not Hesitation”

To the Editor:

The article by Appel¹ entitled “Reducing Sodium Intake to Prevent Stroke: Time for Action, Not Hesitation” provides a call to action that diet modification is a cost effective and clinically relevant component of our prevention and management of chronic disease and stroke. The author notes a potential profound impact of widespread nutrition intervention and that a 4% annual reduction in sodium intake for 10 years could prevent 30 000 to 83 000 stroke-related deaths. We agree with Appel’s conclusion and offer 1 concrete step to move the American medical community from hesitation to action.

There is a larger problem limiting the ability of providers to offer effective nutrition counseling that patients can easily integrate into their lives. Studies have demonstrated that a large proportion of medical students and professionals are inadequately prepared to provide meaningful nutrition counseling.^{2,3} Recommending that physicians continue to counsel their patients on nutrition is hollow unless adequate emphasis is placed on properly preparing medical professionals to offer meaningful advice and prescription. Only 27% of medical schools currently achieve the minimum 25 hours of instruction in nutrition recommended by the National Academy of Sciences² and innovative new approaches are needed to address the knowledge gap in both practicing and future physicians.

This need in medical education led Tulane University School of Medicine to create The Goldring Center for Culinary Medicine as the world’s first known medical school-based research-orientated teaching kitchen. The Goldring Center for Culinary Medicine unites a multi-disciplinary team of physicians, chefs, registered dietitians, and culinary and medical students to test its integrated cooking and nutrition classes for medical students and continuing medical education physician competencies in multi-site studies, randomized clinical trials, and student-led community cooking classes.^{4,5} Since 2012, The Goldring Center for Culinary Medicine has provided >6000 hours of community education service and trained 100 medical students.

Promoting substantive nutrition education from a food first perspective has several advantages over relying on pharmacological or surgical intervention alone. First, appropriately targeted

lifestyle modification has the potential to improve management of multiple diseases concurrently. In the case of stroke, relevant counseling can be targeted toward controlling diabetes mellitus, hypertension, and lipid disorders; all are important risk factors for future stroke. Second, as the author points out in the case of sodium reduction, there are often few to no adverse effects involved with adopting a healthier lifestyle.

To provide patients with appropriate nutrition and lifestyle counseling, we think that continued emphasis must be placed on preparing medical students and physicians to address these issues with their patients. Tulane’s novel Center for Culinary Medicine presents a compelling and needed model for nation-wide expansion as its curriculum is adopted by an increasing number of medical schools to correct the knowledge and skill deficit faced by many medical students and physicians. If the time for action is now, the nutrition message from physicians needs to be descriptive and not prescriptive.

Disclosures

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Letter by Kasprovicz et al Regarding Article, "Reducing Sodium Intake to Prevent Stroke: Time for Action, Not Hesitation"

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