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Mechanisms of protein induced satiety for appetite control during weight loss

Alexandra M Johnstone
University of Aberdeen, UK

With the ever-increasing obesity problem comes the search for effective dietary strategies to either prevent weight gain, promote weight loss or to maintain a lower body weight. Although one diet does not fit all, high-protein diets seem to provide a tool to promote appetite control and hence body weight control. Dietary strategies that can help reduce hunger and promote fullness are beneficial, since these are limiting factors for success. High protein diets, specifically those that maintain the absolute number of grams ingested, whilst reducing calories are a popular strategy for weight loss (WL) due to the effects of protein induced satiety to control hunger. This effect has been shown in *ad libitum* clinical studies lasting from 1 to 14 days, up to 6 months. In addition, greater WL has been achieved in comparison to control diets. The mechanisms responsible for the high satiating effect of protein are not known but likely to be around amino acid metabolism and food-gut-brain interactions linked to gut hormones. It is still not clear exactly the amount (g or %), type of protein (vegetable, dairy, animal) that is required to promote satiety thus these mechanisms will be a focus for future research. Both the safety and efficacy of high-protein WL diets have been questioned, particularly in combination with low-carbohydrate advice. This has been recently reviewed with growing evidence to support the use of high-protein, moderate-carbohydrate diets as a dietary tool to achieve weight control (30% protein, 30% fat and 40% carbohydrate).

alex.johnstone@abdn.ac.uk

The importance of optimizing nutritional status in patients undergoing chemotherapy and radiotherapy

Alison Burton-Shepherd
Vocare Group, UK

Chemo-radiotherapy (CRT) causes or exacerbates symptoms, such as alteration or loss of taste, mucositis, xerostomia, fatigue, nausea and vomiting with consequent worsening of malnutrition. It is well known that radiotherapy is invariably associated with mucositis, xerostomia, dysphagia, hematological toxicities and other acute side effects, whose incidence increases when chemotherapy is also administered and that oral mucositis incidence leads to higher unplanned breaks and delays in radiotherapy administration. In addition, in many patients such toxicities may be very severe and even life threatening and may lead to treatment interruptions that are invariably associated with poorer outcome. This presentation will review best practice in the nutritional management of patients undergoing chemotherapy and radiotherapy.

alison.burtonshepherd@gmail.com