

Comprehensive Nutrition Counselling for People Living with HIV and AIDS in Lusaka District Zambia: Types and Impact

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ABSTRACT

Nutrition counselling is an integral component of healthcare for People Living with HIV (PLWHIV), aiming to enhance their overall well-being and manage the unique dietary challenges associated with HIV. This study explores the types and impact of nutrition counselling received by PLWHIV, shedding insight on the range of experiences among this population.

The study used hermeneutic phenomenology study design and employed homogenous purposive sampling to select 25 adults aged 20 to 60. Semi-structured interview guide was used to collect narratives from PLWHIV enrolled in nutrition programs, providing insights into the counselling they received. The findings revealed that participants received two main types of nutrition counselling: group counselling and individual counselling. Group sessions covered topics such as balanced diets, food choices, and health screenings, and individual counselling tailored to individual nutritional status.

This study emphasizes the importance of personalized care and tailored interventions to address the specific needs of PLWHIV and enhance the effectiveness of nutrition interventions. It underscores the need for consistent and individualized nutritional support to maintain health and manage HIV-related conditions. Further research is needed to explore the factors influencing the frequency of nutrition counselling and to identify strategies for addressing potential gaps in service delivery.

Key words: Individual counselling, Group counselling, PLWHIV, Nutrition

INTRODUCTION

Nutrition plays a pivotal role in the health and well-being of individuals living with HIV (PLWHIV), influencing immune function, overall health, and the efficacy of antiretroviral therapy (Tang et al., 2015). Nutritional counselling has also been confirmed to be effective in influencing health outcomes in HIV and AIDS infected people (Malama & Ndhlovu, 2019). Given the unique dietary challenges associated with HIV, proper nutrition counselling has become an indispensable element of healthcare for PLWHIV, aiming to enhance their overall health and manage the specific nutritional concerns accompanying the condition (Derose et al., 2015; Hudayani & Sartika, 2016; Tesfay et al., 2022).

Empirical evidence from numerous studies underscores the profound impact that quality nutrition counselling can have on the health outcomes of PLWHIV. This includes the effective management of opportunistic infections, the maintenance of a healthy body weight, and the support for antiretroviral therapy (Thapa et al., 2015; Gwidakad, 2013; Aishwarya, 2015; Tesfay et al., 2022). Importantly, nutrition counselling extends beyond antiretroviral therapy and addresses the holistic well-being of PLWHIV, encompassing the physical, emotional, and social dimensions of their lives (Fleetwood, 2015).

A notable study conducted in Nigeria examined the effects of nutritional counselling and monitoring, revealing that it had a significant impact on the BMI and haemoglobin levels of participants (Alo et al., 2013). The overarching goal of nutrition counselling in the context of HIV care is to optimise health, enhance the quality of life, support immune function, maintain a healthy body weight, and effectively manage infections.

Furthermore, it is vital to recognise that HIV infection can lead to metabolic alterations, increased nutrient requirements, and changes in body composition. Therefore, comprehensive nutrition counselling, tailored to the specific needs of PLWHIV, is of paramount importance for improving their quality of life, managing symptoms, and potentially mitigating the progression of the disease (S et al., 2022; Bacelo et al., 2015).

Despite the acknowledged importance of nutrition counselling, there is a notable gap in research focusing on the specific experiences of PLWHIV in this domain. Scant empirical data exists concerning the optimal modalities of counselling, including a comparative analysis of individual versus group sessions, recommended frequencies and durations, and the potential contributions of various categories of counsellors, including peers, nurses, physicians, and auxiliary healthcare personnel, within the context of HIV care settings (Tesfay et al., 2021).

Understanding the variations in the types and frequencies of counselling is imperative for tailoring healthcare services to the unique needs of PLWHIV and improving the overall efficacy of nutrition interventions. Thus, the aim of this research is to provide insight into the diverse types of nutrition counselling interventions available to PLWHIV and the impact of these interventions on health and well-being. As expounded by Ndhlovu, (2015), individual counselling involves a client and a counsellor, while group counselling involves a counsellor and more than one client. Needs of clients will determine whether individual or group counselling is necessary. However, both approaches have their strengths and weaknesses. This investigation underscores the significance of individualised nutritional support, acknowledges the distinct nutritional requirements of PLWHIV, and emphasises the pivotal role of healthcare professionals and nutrition experts in delivering evidence-based counselling. Ultimately, this study seeks to highlight the essential role of nutrition counselling in optimising the health and quality of life for individuals living with HIV, positioning it as an indispensable component of their healthcare journey.

LITERATURE REVIEW

Nutrition is a critical component of healthcare for individuals living with HIV (PLWHIV), as it has a significant impact on immune function, overall health, and the effectiveness of antiretroviral therapy (Tang et al., 2015). Nutritional counselling is a key intervention to address the unique dietary challenges that accompany HIV infection. This literature review explores the importance of nutrition counselling for PLWHIV, its effectiveness in improving health outcomes, and the specific types and frequency of counselling interventions.

Role of Nutrition Counselling in HIV Care

Nutrition counselling is an integral part of HIV care, encompassing dietary education, guidance, and support. PLWHIV often experiences metabolic alterations, increased nutrient requirements, and changes in body composition (S et al., 2022; Bacelo et al., 2015). Many studies have indicated that NEC can lead to changes in knowledge and availability of resources at the individual and household levels, influencing dietary practices and food access (Anand & Puri, 2019; Bello et al., 2019). Studies on the effectiveness of nutrition education and counselling as an intervention to improve health outcomes for PLWHIV have shown that nutrition education and counselling improve health and nutritional status, allowing people with HIV and AIDS to lead longer and better quality lives (Martinez, 2014; Tabi & Vogel, 2006; Derose, 2015). The study, conducted in Nepal, India, aimed to assess the prevalence of undernutrition among people living with

HIV and AIDS (PLWHIV) who did not have access to nutrition education and counselling. The study found that one in five PLWHIV in this population was undernourished. Notably, the study identified a significant absence of nutrition intervention in the form of nutrition education and counselling for this group. As a result, the study concluded that there is a critical need for the incorporation of nutrition counselling as an essential component of HIV care programmes. This finding emphasises the importance of addressing undernutrition in PLWHIV and highlights the potential benefits of providing comprehensive nutritional support in HIV care settings (Thapa et al., 2015). Therefore, comprehensive and personalised nutrition counselling is crucial for enhancing the quality of life, managing symptoms, and potentially slowing the progression of the disease.

Impact on Health Outcomes

Numerous studies have demonstrated the significant impact of quality nutrition counselling on the health outcomes of PLWHIV. These benefits include the effective management of opportunistic infections, maintenance of healthy body weight, and support for antiretroviral therapy (Thapa et al., 2015; Gwidakad, 2013; Aishwarya, 2015; Tesfay et al., 2022). Nutrition counselling goes beyond antiretroviral therapy and addresses the holistic well-being of PLWHIV, including their physical, emotional, and social dimensions (Fleetwood, 2015). The study by Kaye and Moreno-Lequizama (2010) found that nutrition education and counselling can improve health outcomes and behaviours among adult outpatients with HIV. Nutrition interventions led to increased fat-free and lean body mass, improved dietary patterns, and increased adherence to HIV medications. The study also highlighted the importance of addressing nutrition concerns in HIV care, emphasising the need for culturally relevant and practical nutrition strategies to enhance health behaviour and quality of life. Nutrition counselling has a substantial impact on dietary practices, body mass index, and haemoglobin in HIV-positive individuals (Alo et al., 2014).

Types of Nutrition Counselling

The literature suggests that PLWHIV may receive two main types of nutrition counselling: group counselling and individual counselling. Nutrition counselling interventions have evolved to include both individual and group sessions, emphasise interactive education, and focus on promoting specific behaviour changes. This evolution reflects a more comprehensive and dynamic approach to nutrition counselling that is designed to better meet the needs of individuals seeking nutritional guidance (Vasiloglou et al., 2019). Group sessions often cover topics such as balanced diets, food choices, and health screenings. Individual counselling, on the other hand, is tailored to an individual's nutritional status and needs, providing personalised guidance (Malama & Ndhlovu, 2019). The literature underscores the importance of personalised care and tailored interventions for PLWHIV. Individualised nutrition counselling is found to be more effective in addressing specific nutritional concerns, such as low body weight and dietary requirements (S et al., 2022). The provision of individualised counselling helps individuals become more aware of their nutritional status, make informed food choices, and manage specific health issues. For instance, a study by Bolognese et al. (2020) investigated the effects of group counselling vs. individual dietary prescription on physical, nutritional, and mental health in overweight women and found that both nutritional interventions were effective in improving food intake. However, their study did not show significant differences between individual and group counselling in BMI. The findings support the premise that group counselling is one of the key nutrition interventions for improving the well-being of patients and is crucial in the management of patients living with HIV and AIDS.

Despite the acknowledged importance of nutrition counselling, there is a notable gap in research focusing on the specific experiences of PLWHIV in this domain. Limited empirical data exist regarding the optimal modalities of counselling, including a comparative analysis of individual versus group sessions and recommended frequencies and durations (Tefay et al., 2021).

Frequency and Duration of Counselling

The frequency and duration of nutrition counselling sessions vary among PLWHIV. Some individuals receive counselling once or twice a year, while others may receive it more frequently, depending on their nutritional needs and health check-ups (Tesfay et al., 2021). The variation in counselling frequency highlights potential gaps in service delivery and the need for more consistent access to tailored counselling. The literature on nutritional counselling in HIV care reveals significant variations in scope, content, and duration. Challenges include inconsistent content, short duration, and mode of delivery (Tesfay et al., 2020). Wong et al. (2022) recommend a standardised frequency of counselling methods and adherence to determine counselling effectiveness. According to Hudayani and Sartika (2016), continuous education is a sustainable and effective method for patients to change unhealthy dietary habits, prevent nutritional issues, and maintain their health. Understanding these variations is important for tailoring medical services to the distinct requirements of PLWHIV and enhancing the overall effectiveness of nutritional interventions.

METHODOLOGY

The study was carried out in Lusaka district at the biggest health care facility. A qualitative approach using hermeneutic phenomenology was used. The sample consisted of 25 people living with HIV and AIDS between the ages of 20 and 60. Homogenous purposive sampling was used to select the participants. Participants included individuals enrolled in nutrition programmes at healthcare facilities. A semi-structured interview guide was employed to gather insights into the types and frequency of nutrition counselling received by PLWHIV and to elicit detailed accounts of their experiences with nutrition counselling. Interviews were recorded, translated, anonymized, and transcribed. They were thematically coded using Ajjawi and Higgs's six stages of data analysis (2007). The study included HIV and AIDS adults aged 20–60 with an ART treatment duration of more than three years. Participants had to have received education, counselling, and healthcare services. Exclusions included HIV-positive individuals under 20, older than 60, pregnant and lactating women, and those on TB treatment. Each participant signed an informed consent form before taking part in the study. The study project has obtained ethical and administrative authorization from the University of Zambia Ethics Committee in Zambia.

RESULTS

Characteristics of study participants

Overall, 25 PLWHIV participants participated in this study: 14 women and 11 men, ages 20–60, who have been on ARV treatment for at least 3 years. The participants represent a diverse range of ages, employment statuses, marital statuses, and durations on antiretroviral therapy (ART). The profiles encompass individuals who are self-employed, unemployed, or in formal employment. Notably, some participants have been on ART for several years, with one individual having started ART as early as age 4. These unique profiles contribute to a rich and varied participant pool, offering valuable insights into the experiences of people living with HIV in the context of nutrition counselling and care.

Four themes emerged from the participants narratives.

Group nutrition counselling

The findings showed that group counselling sessions were typically led by a nutritionist and addressed general dietary guidance, including the importance of a balanced diet, specific food choices, and information about health screenings.

In the morning, when we come, there is only one person who speaks to all of us. They tell us that if we have diarrhoea or are vomiting, we should eat a certain type of food. And during the talk, they tell us to go for screening for cervical cancer and tuberculosis. (Participant 25)

These group sessions often served as an initial introduction to nutrition counselling when participants arrived at healthcare centres.

Individual Counselling

Individual counselling was offered based on a participant's nutritional assessment, particularly body mass index (BMI). It was more tailored and provided personalised guidance.

I was here 3 months ago, and when I came, the nurse told me I was underweight. She told me I needed to gain some weight to avoid getting sick. From the desk, she took me to the office and explained to me the foods that I was supposed to eat and how to cook them, for example, "fisashi" vegetables with groundnuts. She also gave me soya porridge to make at home. (Participants 20).

This type of counselling was considered by participants to be more helpful than group counselling.

Frequency of nutrition counselling

The frequency of nutrition counselling varied among participants, with some receiving counselling once or twice a year, primarily coinciding with their enrolment in nutrition programmes or specific health check-ups.

I would say that in a year, once and again, it depends on the time I came to the centre; if I came later, I would miss it, and I would only talk with the nutritionist when they went to record my weight. Now that they have given us medicine for six months, I only come here two times a year. But others who have low CD4 may come after 2 or 3 months, just like that. (Participant 25).

In contrast, some individuals reported not receiving any nutrition counselling, only general education about dietary practices.

The impact of nutrition counselling the recipients

The results showed that PLWHIV became more aware of their nutritional status and dietary needs. Counselling sessions contribute to overall health maintenance by guiding participants on food choices to prevent or alleviate health issues like vomiting, diarrhoea, and high blood pressure. Counselling also promotes weight gain for those struggling with low body weight, boosting immune function and overall health. Counselling sessions also provide practical advice on preparing recommended foods, allowing individuals to diversify their diet and prepare nutritious meals at home. Adaptive strategies are offered to help manage side effects and maintain nutritional status.

DISCUSSION

The diverse experiences of PLWHIV regarding nutrition counselling types and frequency underscore the need for personalised care and tailored interventions. Group counselling sessions served as a valuable initial introduction to nutritional guidance. The present findings align with the notion that group counselling constitutes a valuable nutrition intervention for enhancing the well-being of PLWHIV and is instrumental in the holistic management of individuals living with HIV and AIDS. Existing studies, such as Alo et al. (2014) and Tesfay et al. (2021), support the utilisation of both group and individual counselling, with the choice often based on the nutritional assessment, particularly the Body Mass Index (BMI) of the patients.

The importance of nutrition counselling for enhancing and sustaining the nutritional status of individuals living with HIV/AIDS (PLWHIV) has been underlined in research, as highlighted by studies like Derose et al. (2015), Tang et al. (2015), and Kaye & Moreno-Leguizamon (2012). For instance, a study conducted by Bolognese et al. (2020) explored the effects of group counselling versus individual dietary prescription on physical, nutritional, and mental health outcomes in overweight women. The findings indicated that both types of nutritional interventions were effective in improving food intake.

The central and most compelling finding of this study is the provision of individualised counselling to participants based on their body mass index (BMI) and nutritional assessment. This result strongly resonates with a recent study by S. et al. (2022), which underscores the effectiveness of individual nutrition counselling in modifying eating habits among HIV-positive individuals. Individual counselling was also found to be beneficial in improving participants' nutritional conditions, including weight and BMI, through counselling, thus highlighting the pivotal role of face-to-face interaction and nutrition counselling for patients living with HIV. The study also emphasised the role of individualised counselling in addressing specific concerns, such as low weight and diarrhoea, and encouraging healthy eating. This corroborates previous research findings, as noted by Aishwarya (2015), highlighting the importance of nutrition counselling in facilitating appropriate treatment, care, and nutritional support for PLWHIV. Studies conducted by Lazzaretti et al. (2012) in Brazil and Gwidakad (2013) both support the efficacy of individualised nutrition counselling in improving dietary intake and practices among adults living with HIV and AIDS. As indicated by Ndhlovu, (2015), that both individual and group counselling have their strengths and weaknesses, what should be put in mind are the needs of clients in determining whether individual or group counselling is appropriate.

The findings of this study reveal a notable variation in the frequency and duration of nutritional counselling received by participants living with HIV. While some individuals reported consistent sessions, others experienced infrequent or even one-off counselling. These results align with previous research, such as Tesfay et al. (2021), which also highlighted the challenge of limited counselling sessions and their short durations. Short-duration sessions were found to potentially hinder the effectiveness of nutritional counselling as they might not adequately address prevention information. The variation in the frequency of nutrition counselling points to potential gaps in service delivery. Ensuring that PLWHIV have regular access to tailored nutrition counselling is essential for maintaining their health and managing HIV-related conditions. To enhance the effectiveness of nutritional interventions, factors like session duration, frequency, setting clear goals, obtaining patient feedback, and achieving those goals are essential considerations, as emphasised by Vasilglou et al. (2019) and Wong et al. (2022).

The study reveals that individual counselling significantly impacts individuals living with HIV (PLWHIV). It raises awareness of nutritional status and dietary requirements, empowering them to make informed food choices and prevent health issues like vomiting, diarrhoea, and high blood pressure. Counselling also promotes weight gain, enhances immune function, and promotes overall well-being. It also provides practical knowledge on preparing recommended foods and managing medication side effects. Overall, dietary changes are an essential aspect of comprehensive care for individuals with HIV/AIDS, and their health outcomes and quality of life can be significantly improved (Derose et al., 2015).

CONCLUSION

This study reveals the multifaceted landscape of nutrition counselling for PLWHIV, highlighting the importance of both group and individual counselling. It also emphasises the need for consistent and personalised nutritional support to meet the unique requirements of PLWHIV. As nutrition counselling significantly impacts the health and well-being of PLWHIV, healthcare providers must strive to ensure accessible and tailored services. Healthcare facilities should aim to offer both group and individual nutrition

counselling to PLWHIV, considering the diverse needs of PLWHIV. Additionally, efforts should be made to provide counselling more frequently, beyond just initial enrolment or specific health check-ups. Tailored nutrition counselling can enhance the overall health and quality of life for PLWHIV, contributing to better health outcomes and the effective management of HIV-related conditions. Further research is needed to explore the factors influencing the frequency of nutrition counselling and to identify strategies for addressing potential gaps in service delivery.

RECOMMENDATIONS

The study suggests several recommendations to improve nutritional counselling services for individuals living with HIV (PLWHIV).

1. Healthcare providers should prioritize personalized nutrition counselling tailored to the specific requirements of PLWHIV, especially focusing on their Body Mass Index (BMI) and nutritional assessment.
2. Healthcare facilities should offer a combination of group and individual nutrition counselling sessions, based on patient's nutritional assessment, including BMI, for personalized guidance.
3. Efforts should be made to ensure that PLWHIV have access to regular nutrition counselling, extending beyond the initial enrolment or specific health check-ups.
4. Healthcare providers and nutritionists should establish clear nutritional goals with participants and provide regular feedback to enhance counselling effectiveness by promoting active engagement with dietary plans.
5. Nutrition counselling should be integrated into a holistic care approach that considers the physical, emotional, and social well-being of PLWHIV, addressing their multifaceted needs effectively.
6. Healthcare facilities should implement nutrition-focused educational initiatives to enhance participants' understanding of dietary requirements, food preparation, and the importance of maintaining a healthy diet.

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