

Editorial

The Asia Pacific Clinical Nutrition Society (APCNS)

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Food and medicine are an ancient conjunction in the West, evidenced by Hypocrites and Egyptian physicians and their Arab and Jewish successors, amongst whom Maimonides was eminent²; and in the East^{3,8,10}.

The advent of nutrient science in the last two hundred years has allowed the alleviation of much human misery with the prevention and management of nutrient deficiency disorders, protein energy malnutrition (PEM), scurvy with vitamin C or foods containing it, iron, iodine, zinc, vitamin A, folic acid and B12 deficiency states in particular. The latter part of the 20th century is witnessing a recrudescence of nutrition in scientifically-based medicine. It was first driven by the new nutrition support technology in hospital care, then by an appreciation of nutritionally-related non-communicable disease^{6,7,12}. There are now ways in which a number of states of human health can be modulated by nutritional means (exercise performance⁵, menopause¹³, immune function^{1,4}). A more sophisticated food science and technology is allowing a response in food design and supply never before experienced by the human species. This is at once exciting and disturbing. Exciting because it may allow better health for more people in an urbanising world than previously thought possible, and disturbing because unless the appropriate and best biomedical science underpins the changing food-health relationships, a major human experiment may go wrong. Medical nutrition has never been more needed.

Professional bodies are needed in which clinical nutrition, with sound scientific basis, sociocultural roots, and preventive-through-to-disease management dimensions flourishes. These may be the broad professional groupings of health care professionals like doctors, nurses, pharmacists and dietitians, but these alone will not do. This was realised in the development of parenteral and enteral nutrition societies which include all of these professional groups in a multidisciplinary way. There has also been a strengthening of international (International Union of Nutrition Sciences and its subcommittees), regional (for example, the Federation of Asian Nutrition Societies, FANS) and national (the various national societies of the Australasia, namely Australia and New Zealand, and the South East and Far East Asian Region for example), which sometimes has included animal as well as human nutrition (for example, the Nutrition Society of Australia - NSA) and usually been broad in their coverage of nutrition science, policy and issues. The ways in which medical practice and cognate sciences can progress food, nutrition and human

health is the stuff of 'clinical nutrition' and merits a professional society of medical practitioners and nutrition scientists. This concept spawned the Australasian (Australian and New Zealand) Clinical Nutrition Society (ACNS) in 1988 and, in 1991, the APCNS, as a transnational clinical nutrition society. The inaugural committee of the APCNS has included members from Australia, China, Indonesia, Japan, South Korea, Malaysia, New Zealand, the Philippines, Singapore, Taiwan, and Thailand. It expects to involve Fiji and Papua New Guinea in due course. At the moment, there are not clinical nutrition societies in all of these individual countries, but the APCNS encourages their development and affiliation.

The founding executives are Professor Akira Okada as President, Professor Vichai Tanphaichitr as Vice President and Professor Mark L Wahlqvist as Secretary and Treasurer. The current mailing address is the Department of Medicine at the Monash Medical Centre, Clayton, Melbourne, Victoria, Australia 3168; Fax 61-3-550 5524. Membership can be sought by nomination of a current member and submission of a Curriculum Vitae, with dues payable for the next calendar year. In 1993 the dues will be US\$40.00 and provide for a year's subscription to the Asia Pacific Journal of Clinical Nutrition (APJCN). If there is a national clinical nutrition society affiliated with the Asia Pacific Clinical Nutrition Society, membership of it will secure APCNS membership and privileges, including Journal subscription. Thus, one of the attractions of APCNS membership will be to obtain the APJCN at a greatly reduced rate.

The objectives of APCNS are:

- 1 To stimulate scientific inquiry into nutrition in medical practice in all of its dimensions, preventive and management.
- 2 To encourage regional (Asia Pacific) training in clinical nutrition.
- 3 To publish a journal of clinical nutrition, the Asia Pacific Journal of Clinical Nutrition, of original scientific articles, reviews, news and views.
- 4 To provide a network of people who practice scientifically-based clinical nutrition.
- 5 To develop regional working parties to achieve standardisation in nutrition assessment methodology, protocols for clinical management, ethical standards, and policies for practice.
- 6 To hold regular scientific meetings in the Asia Pacific region.

Within medicine itself, each of the major clinical disciplines is now reviewing its role in relationship to clinical nutrition. For example, the Royal Australasian College of Physicians has a nutrition subcommittee of its Social Issues Committee [Nutritional Diagnosis Book]. An Advanced Training Program in Clinical Nutrition for the Fellowship of the Royal Australasian College of Physicians (FRACP)⁹. There is the emergence of more societies dealing with diseases of clinical nutrition import, like diabetes (eg the Australian Diabetes Society, New Zealand Diabetes Society), obesity (Australasian Society for the Study of Obesity), macrovascular disease (the Australian Atherosclerosis Society), osteoporosis (Australasian Society for Bone and Mineral Related Diseases). These developments are important in allowing a more disciplinary and sub-speciality-specific focus on aspects of clinical nutrition. But there remains a need for a comprehensive analysis, review and interchange about clinical nutrition. For the Asia Pacific region, the Asia Pacific Clinical Nutrition Society should serve these purposes well.

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