Why the N (Nutrition) was Added in the EAGEN Acronym?

Tomica Milosavljević^a Mirjana Kostić-Milosavljević^b

^aDepartment of Gastroenterohepatology, Euromedic Hospital, Belgrade, Serbia; ^bNursing Faculty, University of Belgrade, Belgrade, Serbia

Keywords

Nutrition · Gastroenterology · Endoscopy

Abstract

Background: Nutrition has been neglected for a long time as an important factor in the pathogenesis of digestive diseases, but also in the treatment, despite Hippocrates long ago insisted “Let food be thy medicine and medicine be thy food.” **Summary:** New insights into the importance of nutrition in the emergence of disease, and especially in the field of prevention of diseases of the digestive tract, impose the need to pay special attention to the nutrition field. The goal of nutrition as one of the focuses of European Association on Gastroenterology, Endoscopy and Nutrition (EAGEN) activities means awareness of the importance and the goal of making nutrition knowledge a part of comprehensive gastroenterologist’s continuous education. All the above arguments directed the EAGEN to have nutrition (N) – in the name of the organization – acronym, on an equal basis with clinical gastroenterology (G) and endoscopy (E). **Key Messages:** “Nomen est omen” – The name is a sign, the name speaks for itself; that is, the best explanation for a name change in the fifth decade of organization’s existence and activity, such as pointing to the direction of future activities and priorities.

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Nutrition has been neglected for a long time as an important factor in the pathogenesis of digestive diseases, but also in the treatment and prognosis after treatment, despite Hippocrates long ago insisted “Let food be thy medicine and medicine be thy food.”

There is nowadays renewed awareness of the impact of nutrition as an often crucial risk factor in pathogenetic mechanisms of digestive diseases. Nutritional status is the state of an individual’s health as it is influenced by what is eaten. Dietary status is a measurement of what an individual is eating. Nutrition and dietary status are not synonyms. Diet is only one of the factors that may influence nutritional status. Biochemical measurements of body fluids, anthropometric measurements, clinical findings, and medical history are important factors which determine our estimation of nutritional status of some person.

One-third of people in the general population complain of some gut-related symptoms: flatulence, bloating, heartburn, nausea, vomiting, constipation, diarrhea, food intolerance, incontinence, and abdominal pain. While most physicians look at these gut-related symptoms in the context of the gastrointestinal (GI) diseases, gut-health related symptoms occur more often, in around 80% in the absence of demonstrable structural diseases in the GI tract, and with some functional gastrointestinal disorder, which we consider nowadays as a

gut–brain interaction disorder [1]. The gut microbiota plays an important role in gut homeostasis in health and in the pathogenesis of a number of gastrointestinal and extradiigestive diseases [2]. Gastrointestinal microbiota includes a diverse population of approximately 100,000,000,000,000 bacterial cells in every milliliter of intestinal juice, mainly located in the large intestine, with 10 times more cells than total number of human cells. Microbiome consist around 50 times more genes than human genes in the body [3]. Humans as hosts have coevolved with microorganisms over millions of years, and each body habitat has a unique set of microorganisms shaping its microbiota [4]. The functions of the gut microbiota include the protection of the host from enteric pathogens, the development of the host immune system, participation in host metabolism, and contributing to nutrition. Our diet has a major impact on the composition of the microbiota, and differences in dietary patterns are a major determinant of interindividual variations in microbiota diversity. Interactions between components of the diet and/or the products of digestion could play a role in the genesis of food-related symptoms and changes in diet or microbiota could exacerbate or alleviate such symptoms [5, 6].

The majority of patients who present to gastroenterologist feel diet plays an important role in their condition, but despite this, few patients expect to receive dietary advice during their consultation. The discrepancy between patients' attitudes to the importance of diet and their expectation of receiving nutritional advice is of concern. Factors that may be relevant include the documented lack of confidence or interest about nutritional knowledge among doctors [7].

Recently was published result of investigation of medical student's perception of nutrition care as an important role and responsibility of medical doctors [8]. They considered their current nutrition education is inadequate due to personal, interpersonal, and environmental barriers. A number of important strategies have been suggested by these students including incorporation of nutrition as an issue in the regular undergraduate medical curriculum, collaboration, advocacy, and creating enabling environments for nutrition education [9].

Expectations of people with digestive problems are very high and include not only by their physician establishing diagnosis of the disease and advice for effective treatment but also doctor's advice on how to eat and behave healthy and to avoid the disease in the future.

European Association on Gastroenterology, Endoscopy and Nutrition (EAGEN's) founding mission was to develop, promote, and implement the highest level of postgraduate continuing education for gastroenterologists, especially young, across Europe. Nutrition is one of the neglected areas among the skills and knowledge of young practical gastroenterohepatologists. New insights into the importance of nutrition in the emergence of disease, and especially in the field of prevention of diseases of the digestive tract, impose the need to pay special attention to the nutrition field.

The idea and goal of nutrition as one of the areas that are the focus of EAGEN activities means awareness of the importance and the goal of making nutrition knowledge and skills a part of comprehensive gastroenterologist's continuous education.

All the above arguments directed the EAGEN to have nutrition (N) – in the name of the organization – acronym, on an equal basis with clinical gastroenterology (G) and endoscopy (E). “Nomen est omen” – The name is a sign, the name speaks for itself; that is, the best explanation for a name change in the fifth decade of organization's existence and activity, such as pointing to the direction of future activities and priorities.

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Statement of Ethics

The authors declare that they have no ethical conflicts to disclose.

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Author Contributions

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