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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) NBNSC-CNSC Prüfungsfragen mit Lösungen (Q33-Q38):

33. Frage

Eating contaminated foods such as undercooked hamburger, ground poultry and unpasteurized milk and apple juice can create all of the following symptoms except:

- A. watery diarrhea
- B. nausea and vomiting
- C. abdominal cramps
- D. decreased thirst

Antwort: D

Begründung:

Eating foods that have been contaminated by certain bacteria, viruses, or parasites can lead to a variety of gastrointestinal symptoms due to foodborne illnesses. Common culprits of contamination include undercooked meats like hamburger and ground poultry, as well as unpasteurized milk and apple juice. These foods can harbor harmful pathogens such as E. coli, Salmonella, and Listeria,

which are known to cause sickness in humans.

Typical symptoms of foodborne illnesses include abdominal cramps, watery diarrhea, nausea, and vomiting. These symptoms occur as the body's immune system responds to the invading pathogens. The severity and specific symptoms can vary based on the type of pathogen involved, the amount ingested, and the individual's health and immune system.

Abdominal cramps are a common symptom and result from the intestines responding to the infection. This can cause moderate to severe discomfort and is often accompanied by bloating and gas.

Watery diarrhea is another frequent symptom of foodborne illnesses. It occurs as the body attempts to rid itself of the pathogens and toxins. Diarrhea can lead to dehydration, which is why maintaining fluid intake is crucial during an illness.

Nausea and vomiting are also typical responses to foodborne pathogens. These symptoms help expel contaminated food from the stomach and can occur alongside other symptoms like abdominal cramps and diarrhea.

However, decreased thirst is not a common symptom of foodborne illnesses. In fact, it is generally the opposite; increased thirst may occur due to the body's need to replace fluids lost from diarrhea and vomiting. Dehydration is a risk with foodborne illnesses, and it is crucial for individuals to drink plenty of fluids to help manage and recover from the illness. Therefore, the symptom "decreased thirst" does not belong to the typical profile of symptoms caused by the consumption of contaminated foods and is the correct answer to the question about which symptom is not caused by eating such foods.

34. Frage

When counseling a client on nutrition and smart eating behaviors, they should include all of the following except:

- A. do nothing else while eating (do not read or watch television)
- B. pause in the middle of the meal
- C. do not solicit help from family and friends
- D. have family and friends provide help in the form of praise and material reward

Antwort: C

Begründung:

When counseling a client on nutrition and smart eating behaviors, several effective strategies should be included. However, not all suggestions may be beneficial or appropriate depending on the context. Let's explore these strategies and identify which one should not be included.

One smart eating behavior is to pause in the middle of the meal. This pause helps the individual assess their current level of fullness and can prevent overeating by allowing the brain time to register the amount of food that has been eaten. This moment of reflection is a mindful eating practice that can significantly contribute to better eating habits.

Another recommended practice is to focus solely on eating during mealtimes, meaning avoiding distractions like reading or watching television. This practice helps the individual to be fully present during the meal, which can enhance the awareness of the body's cues on hunger and satiety and prevent mindless eating, which often leads to consuming more calories than needed.

Soliciting help from family and friends can also be very beneficial. When someone is trying to change their eating habits or improve their nutrition, having a support system can be crucial. Family and friends can provide emotional support, encouragement, and even practical help, such as sharing healthy recipes or joining in healthier meal preparations. They can also be part of a reward system to reinforce good eating behaviors, offering praise or agreed-upon rewards for reaching certain goals.

Therefore, the advice to "do not solicit help from family and friends" would be the incorrect choice and should not be included in counseling for smart eating behaviors. Having a support network can make the journey toward better health more enjoyable and sustainable. This support can be instrumental in maintaining motivation and ensuring compliance with new eating practices.

In summary, while pausing during meals and avoiding distractions like TV or reading during meals are beneficial practices, the recommendation to avoid seeking help from family and friends is not advisable. On the contrary, encouraging clients to engage their support networks can greatly enhance their success in adopting healthier eating behaviors.

35. Frage

Patients who experience optic neuropathy may improve with which of the following treatments?

- A. Resveratrol
- B. Vitamins C and E
- C. B-group vitamins and folic acid
- D. Vitamins A and D

Antwort: C

Begründung:

Optic neuropathy refers to damage or dysfunction of the optic nerve, which can lead to vision loss. This condition can result from a

variety of causes including genetic factors, inflammation, trauma, and nutritional deficiencies. In cases where optic neuropathy is linked to nutritional deficiencies, treatment with specific supplements may help in managing the condition and potentially improving symptoms.

Among the treatments for optic neuropathy caused by nutritional deficiencies, the administration of B-group vitamins and folic acid has shown promising results. B-group vitamins, particularly vitamin B12, play a crucial role in the functioning of the nervous system and in the maintenance of healthy nerve cells. Vitamin B12 deficiency can specifically lead to optic neuropathy; thus, supplementing this vitamin can help in reversing the damage or halting the progression of the disease.

Folic acid, another B vitamin, works in conjunction with vitamin B12 in many bodily processes, including DNA synthesis and red blood cell formation. It is also essential for the health of the nervous system. Adequate levels of folic acid, therefore, support nerve function and can contribute to the overall management of optic neuropathy.

The method of administering these vitamins can also affect their efficacy. Parenteral administration, which means administering the vitamins via injections directly into the bloodstream, ensures that the nutrients are absorbed more efficiently and quickly than if they were taken orally. This can be particularly important in cases where patients have conditions that impair nutrient absorption from the digestive tract.

In summary, for patients suffering from optic neuropathy related to nutritional deficiencies, treatment with parenteral B-group vitamins and folic acid may lead to improvements in vision. This approach not only helps in managing the symptoms of optic neuropathy but also addresses the underlying issues of vitamin deficiency, thereby supporting overall nerve health and function. This treatment should be monitored by healthcare professionals to ensure safety and effectiveness, and to adjust dosages as necessary based on individual patient needs.

36. Frage

Which of the following herbal remedies might you suggest to a client for migraine headaches?

- A. celery seed
- B. feverfew
- C. bilberry
- D. ginkgo biloba

Antwort: B

Begründung:

Among the herbal remedies listed, feverfew is suggested as the most suitable for managing migraine headaches. This recommendation is supported by substantial scientific research, which indicates that feverfew not only helps in treating but also in preventing migraine attacks.

Feverfew, a medicinal plant with a long history of use in European folk medicine, has been traditionally employed not just for migraines but also for conditions such as arthritis and fevers. The primary active ingredients in feverfew, such as parthenolide and other sesquiterpene lactones, are believed to contribute to its therapeutic effects. These compounds can help in reducing inflammation, which is a significant factor in migraine headaches, and inhibit the release of serotonin and prostaglandins, which are involved in the migraine process.

The efficacy of feverfew in migraine prevention has been evidenced in several clinical trials, where it has been shown to decrease the frequency of migraines in some individuals. Regular consumption of feverfew as a prophylactic treatment has helped many patients reduce the number of migraine attacks, as well as their severity.

It is important to note that while feverfew is generally considered safe, it should be used cautiously. As with any herbal supplement, potential interactions with other medications and side effects are possible. Common side effects include gastrointestinal disturbances, and there is also a risk of allergic reactions. Therefore, it is advisable to consult with a healthcare provider before starting any new treatment regimen, including herbal remedies like feverfew.

In contrast, other herbs mentioned such as ginkgo biloba, celery seed, and bilberry, while beneficial for other health issues, do not have substantial evidence supporting their use in migraine treatment specifically. Ginkgo biloba is more commonly associated with cognitive enhancement and circulation improvement, celery seed with anti-inflammatory properties and blood pressure reduction, and bilberry with eye health and blood circulation improvements. Hence, when specifically addressing migraine headaches, feverfew stands out as the most supported herbal remedy among those listed.

37. Frage

When comparing estimated food record and the weighed food record, which of the following statements is false regarding the estimated food record?

- A. food and leftovers are weighed using scales or computerized techniques
- B. the estimated food record is an acceptable method for collecting group intake data

- C. amount of food and leftovers are measured in household measures such as measuring cups and tablespoons
- D. measurements are quantified by volume and weight

Antwort: A

Begründung:

The question asks to identify a false statement about the estimated food record compared to the weighed food record. To address this, it's essential to understand the differences between these two methods of dietary assessment.

The weighed food record involves the participant weighing all foods and beverages consumed during the recording period, using food scales. This method is highly accurate as it captures the actual weight of food items before they are eaten, including any cooking losses or leftovers. It's often considered the gold standard for dietary assessment due to its accuracy, but it can be burdensome for participants due to the need to weigh everything before consumption.

On the other hand, the estimated food record does not require weighing of food items. Instead, participants estimate the amounts of food they consume using household measures such as cups, tablespoons, and teaspoons. These estimates are then recorded in either volume or weight terms based on standard conversion tables. This method is less accurate than the weighed food record because it relies on the individual's ability to accurately estimate portions, which can vary significantly from person to person.

Regarding the statements provided: 1. "The estimated food record includes amounts of food and leftovers are measured in household measuring cups, tablespoons and teaspoons." - This statement is true as it correctly describes the methodology of an estimated food record. 2. "Measures are quantified by volume and weight." - This statement can be considered true in the context that participants use volume measures (like cups and spoons), and these are often converted to weight equivalents using standard tables. 3. "The estimated food record is an acceptable method for collecting group intake data." - This statement is also true as estimated food records, despite their limitations in accuracy, are frequently used in large-scale nutritional studies due to their practicality and lower participant burden.

Therefore, the false statement in the context of the estimated food record would be any statement suggesting that food and leftovers are weighed using scales or computerized techniques, as this describes a method pertinent to the weighed food record, not the estimated food record. Such statements incorrectly attribute a characteristic of the weighed food record to the estimated food record, making them false in this specific context.

38. Frage

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