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Real NBNSC-CNSC Exam Answers - Certification NBNSC-CNSC Dump

It is impossible to overstate the significance of valid NBNSC-CNSC exam questions. The latest and actual NBNSC-CNSC exam questions are essential to clear the NBNSC-CNSC exam in one go. Applicants are better prepared to succeed when they prepare with the updated NUTRITION NBNSC-CNSC Questions. These NBNSC-CNSC exam questions give applicants the knowledge they need to quickly ace the NBNSC-CNSC examination.

NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) Sample Questions (Q87-Q92):

NEW QUESTION # 87

Which of the statements is Not true?

- A. Eating disorders are easier to control if diagnosed early.
- B. Eating disorders are associated with shame.
- C. Women are more likely to develop eating disorders.
- D. Eating disorders do not overlap.

Answer: D

Explanation:

The statement "Eating disorders do not overlap" is not true. Eating disorders can indeed overlap, meaning a person can exhibit symptoms of more than one type of eating disorder at the same time. For instance, an individual diagnosed with anorexia nervosa, a disorder characterized by an intense fear of gaining weight and a distorted body image, may also engage in behaviors typical of bulimia nervosa, such as purging (self-induced vomiting) after eating. This overlapping of disorders complicates diagnosis and treatment, highlighting the complexity of eating disorders and the need for a comprehensive assessment by healthcare professionals.

Furthermore, the interplay between different eating disorders can manifest in various forms. A person might primarily suffer from binge eating disorder, characterized by frequent episodes of eating large quantities of food (often quickly and to the point of discomfort), and might also exhibit periods of restrictive eating akin to those seen in anorexia. The combination of symptoms from different eating disorders can lead to a diagnosis of an "unspecified feeding or eating disorder" (UFED), according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), if the symptoms cause significant distress or impairment but do not meet the full criteria for any one disorder.

Contrary to the erroneous statement, the reality of overlapping symptoms in eating disorders underscores the importance of a nuanced approach to treatment that addresses the full spectrum of behaviors and psychological components presented by an individual. Treatment plans often need to be highly personalized and may involve a combination of psychological therapy, nutritional counseling, and medical support. This comprehensive approach helps tackle the multifaceted nature of eating disorders, which may overlap not only with each other but also with other psychological issues such as anxiety, depression, and obsessive-compulsive disorder.

In summary, the claim that "Eating disorders do not overlap" is a misconception. Understanding the potential for overlap is crucial for effective diagnosis and treatment. Recognizing the complexity and individual variations in eating disorders can lead to better, more effective treatment outcomes for those affected.

NEW QUESTION # 88

Pectin and mucilage are soluble in water and form a gel that helps provide bulk for the intestines. They are useful because:

- A. they are not soluble
- B. edible thickening agent
- C. they bind to cholesterol and reduce the amount that can be absorbed by the blood
- **D. A and C**

Answer: D

Explanation:

It appears that the original text provided is somewhat disorganized and unclear. I will attempt to clarify and expand upon the information regarding the usefulness of pectin and mucilage, especially in the context of health benefits like cholesterol management, diabetes, and potentially preventing colon cancer.

Pectin and mucilage are natural substances found in many plants. Pectin is particularly abundant in the cell walls of fruits such as apples, while mucilage is found in plants like flax seeds and psyllium. Both of these substances are soluble in water, which means they can dissolve in water to form a gel-like substance. This gelatinous property allows them to serve as bulk-forming agents in the digestive system. When consumed, they absorb water and expand, which can help to regulate bowel movements and prevent constipation.

Beyond aiding in digestion, pectin and mucilage provide other significant health benefits. One of their primary advantages is their ability to bind to cholesterol in the digestive tract. This binding process helps to limit the amount of cholesterol that is absorbed into the bloodstream. By reducing the overall intake and absorption of cholesterol, pectin and mucilage can contribute to lower blood cholesterol levels, which is beneficial for heart health.

These substances are also valuable for individuals managing diabetes. The gel formed by pectin and mucilage in the digestive tract slows down the digestion process. This slower digestion rate moderates the absorption of glucose (sugar) into the bloodstream, preventing sharp spikes in blood sugar levels. Consistently managing blood sugar levels is crucial for people with diabetes, as it helps mitigate the risk of complications associated with the disease.

Additionally, there is some evidence to suggest that a diet high in fiber, including substances like pectin and mucilage, may help in preventing certain types of cancer, such as colon cancer. The mechanisms are thought to involve the promotion of a healthy digestive environment and the binding of potential carcinogens (cancer-causing substances) in the colon, thereby reducing their contact with the colon lining.

In summary, pectin and mucilage are not only useful as thickeners or edible agents in various food products but are also beneficial for health due to their cholesterol-binding properties, effectiveness in glucose management, and potential role in cancer prevention. This makes them particularly useful in dietary applications aimed at improving or maintaining health.

NEW QUESTION # 89

Vitamin B12 requires intrinsic factor and ____ to absorb.

- A. Omega-6.
- **B. R-protein.**
- C. Complimentary proteins.
- D. Biotin.

Answer: B

Explanation:

To understand the absorption of Vitamin B12, it is essential to know about the role of R-protein and intrinsic factor. These components play crucial roles in the effective uptake of this vitamin into the body.

Vitamin B12, also known as cobalamin, is a water-soluble vitamin that is vital for red blood cell formation, nerve function, and DNA synthesis. However, its absorption in the gastrointestinal tract is more complex compared to other vitamins due to its need for two proteins: R-protein and intrinsic factor.

R-protein, also known as haptocorrin, is synthesized in the salivary glands and released into the saliva. When dietary Vitamin B12 enters the stomach, it binds with R-protein. This binding is crucial because it protects Vitamin B12 from being degraded by the acidic environment of the stomach. However, R-protein is not the final carrier for Vitamin B12 absorption.

As the Vitamin B12-R-protein complex moves from the stomach to the duodenum, which is the first section of the small intestine, pancreatic enzymes degrade R-protein. This degradation is essential as it releases Vitamin B12 from R-protein, allowing it to bind with another protein called intrinsic factor. Intrinsic factor is a glycoprotein produced by the parietal cells of the stomach lining. The binding of Vitamin B12 to intrinsic factor is a critical step as it forms a complex that can travel to the lower part of the small intestine, specifically the ileum, where it is absorbed into the bloodstream. Without intrinsic factor, Vitamin B12 cannot be effectively absorbed, leading to its deficiency regardless of intake levels.

In summary, while intrinsic factor is directly responsible for the absorption of Vitamin B12 in the ileum, R-protein plays a pivotal role in protecting and transporting Vitamin B12 through the harsh acidic environment of the stomach. Both proteins are essential for the bioavailability of Vitamin B12, ensuring that the body can utilize this crucial nutrient effectively.

NEW QUESTION # 90

The guideline for fat intake for 2-3 year olds is:

- A. 35-40%
- B. 20-25%
- C. 30-35%
- D. 50%

Answer: C

Explanation:

The correct guideline for fat intake for children aged 2-3 years old is 30-35% of their total daily caloric intake. This recommendation is part of a dietary approach that supports the developmental needs of toddlers, who require a certain amount of fat for healthy growth, brain development, and overall well-being.

Up until the age of 2, whole milk is recommended because it provides the essential fats necessary for rapid brain development that occurs during this stage of life. However, once children reach the age of 2, the dietary focus shifts slightly. At this point, it is advised to switch from whole milk to low-fat or fat-free milk. This change helps to moderate fat intake, ensuring it does not exceed the necessary amount which could otherwise lead to health issues such as obesity.

The 30-35% fat intake guideline for 2-3 year olds is set to provide a balanced amount of fats that are crucial for their continued development. This range is carefully calculated to supply adequate energy and essential fatty acids, which are vital for cognitive development and the absorption of fat-soluble vitamins (A, D, E, and K).

As children grow older, from the age of 4 to 18, the recommended fat intake slightly adjusts to 25-35% of total calories. This adjustment reflects the changing nutritional needs as children grow and become more active, requiring different caloric distributions for optimal health. Additionally, it is recommended that no more than 7% of their daily caloric intake should come from saturated fats. This helps in preventing the development of cardiovascular diseases and maintaining healthy cholesterol levels.

It is important for caregivers and parents to monitor and adjust the diet according to these guidelines to promote healthy eating habits from a young age. Such practices help in setting a foundation for a healthy lifestyle as the child grows into adulthood.

NEW QUESTION # 91

The diabetes diagnostic test that is an integrated measure of long-term mean glycemia is which of the following?

- A. fasting plasma glucose
- B. hemoglobin A1C
- C. random blood glucose test
- D. glycated serum protein

Answer: B

Explanation:

The correct answer to the question regarding the diabetes diagnostic test that serves as an integrated measure of long-term mean glycemia is "hemoglobin A1C." Hemoglobin A1C, also known as HbA1c, is a form of hemoglobin that is chemically linked to glucose. This linkage occurs as a result of exposure of the hemoglobin in red blood cells to circulating glucose. As a result, the level of HbA1c in an individual's blood reflects the average blood glucose concentration over the previous two to three months, which is roughly the lifespan of a red blood cell.

HbA1c is widely recognized and utilized as a critical marker for the long-term management of diabetes mellitus. It provides a more consistent and comprehensive picture of blood glucose levels over time, compared to other tests that might only reflect glucose levels at a single point in time or over a short period. For non-diabetics, the normal range for HbA1c is typically between 4% and 6%. For individuals with diabetes, medical guidelines usually recommend maintaining an HbA1c level of less than 7% to effectively manage the condition and reduce the risk of developing diabetes-related complications such as neuropathy, nephropathy, and retinopathy. In contrast, other tests such as fasting plasma glucose (FPG) and random blood glucose tests offer snapshots of an individual's glucose level at specific times. Fasting plasma glucose specifically measures blood glucose after an overnight fast and does not provide information about glucose fluctuations during the day or after meals. Similarly, the random blood glucose test measures glucose at any given time, irrespective of meal times, and can vary significantly based on recent food intake and other factors.

Another test mentioned is the glycated serum protein test, which also reflects average glucose levels over a shorter period (typically one to three weeks) compared to HbA1c. While this test can be useful in certain situations, it is not as commonly used as HbA1c for monitoring long-term glucose control in individuals with diabetes.

In summary, hemoglobin A1C is considered the gold standard for assessing long-term glycaemic control in individuals with diabetes. It helps in planning treatment strategies and adjusting medications to prevent or delay the onset of diabetes complications. This test's significance lies in its ability to provide a more accurate and cumulative view of glucose levels over an extended period, making it a vital tool in diabetes management.

NEW QUESTION # 92

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