International
DHA-Nutritionist
Dubai Health Authority- Nutritionist Licensing Examination

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Question: 1

The amount of sodium consumed by the average American per day is

A. 2,300 mg.
B. 230 mg.
C. 340 mg.
D. 3,400 mg.

Answer: D

Explanation:
The correct answer to the question regarding the amount of sodium consumed by the average American per day is 3,400 mg. This figure significantly exceeds the Dietary Guidelines for Americans, which recommend a maximum intake of 2,300 mg per day. The average intake of 3,400 mg indicates that Americans typically consume about 50% more sodium than what is advised.
Excessive sodium intake is a prevalent dietary concern because it is linked to various health issues, particularly an increased risk of developing hypertension (high blood pressure). Hypertension is a major risk factor for heart disease and stroke, which are leading causes of death in the United States. Therefore, managing sodium intake is crucial for maintaining cardiovascular health and preventing associated diseases.
The high sodium consumption can largely be attributed to processed and restaurant foods, which tend to use significant amounts of salt for flavoring, preservation, and texture-enhancing purposes. Sodium is not only present in overtly salty items but also in foods where it might not be expected, contributing to its overconsumption.
Public health initiatives often focus on educating the public about the sources of sodium in their diet and encouraging food manufacturers to reduce the sodium content of their products. Additionally, individuals are advised to read nutrition labels carefully, prepare food at home where possible, and choose fresh or unprocessed ingredients to better control their sodium intake.
Understanding these dietary recommendations and the health risks associated with high sodium intake is essential for making informed food choices and fostering a healthier population. Reducing average sodium consumption to the recommended levels could have a significant impact on public health outcomes related to hypertension and cardiovascular diseases.

Question: 2

The mostly secular variant of faith healing started in the early 1970s is which of the following?

A. massage
B. therapeutic touch
C. Reiki
D. zone therapy

Answer: B

Explanation:
Therapeutic Touch (TT) is a secular approach to faith healing that emerged in the early 1970s. It was developed by Dolores Krieger, a nurse, and Dora Kunz, a natural healer, as a method to support the healing processes by manipulation of a patient's energy field. Unlike some spiritual or religious healing practices, TT does not require specific religious beliefs, making it more secular and accessible to people of diverse backgrounds.
The basis of Therapeutic Touch lies in the concept that all living beings have a complex energy field that surrounds and penetrates the body. Practitioners of TT believe that illness or injury can create imbalances or disturbances in this energy field. By using their hands to sense and modulate this energy, TT practitioners aim to promote health and healing. Importantly, despite its name, Therapeutic Touch typically involves no direct physical contact. Instead, practitioners move their hands several inches above the body, focusing particularly on areas thought to be affected.
TT practitioners start by centering themselves to become fully present and attuned to the healing process. They then go through phases which typically include assessing the energy field, clearing any perceived blockages, and energizing the field to restore balance. The goal of these manipulations is to facilitate the body's natural ability to heal itself, promoting a state of health and well-being.
Therapeutic Touch has been adopted in various healthcare settings, including hospitals and hospices, as a complementary therapy. It is often used to help reduce anxiety and pain, support recovery, and improve emotional well-being. Despite its popularity, TT remains controversial among some medical professionals due to a lack of conclusive scientific evidence supporting its efficacy. However, many patients and practitioners report subjective improvements, which fuels ongoing interest and use of this practice.
In summary, Therapeutic Touch represents a secular, holistic healing approach that focuses on manipulating the energy field around the body to support healing. Its development in the early 1970s marked a significant step towards integrating energy-based therapies within the broader context of health and wellness.

Question: 3

The semifluid, gruel-like material produced by gastric digestion of food is known as which of the following?

A. chyme
B. methane
C. bile
D. bolus

Answer: A

Explanation:
Chyme is the result of the mechanical and chemical breakdown of food within the stomach. After food is chewed and swallowed, it enters the stomach where it is further broken down by stomach muscles and gastric juices. These gastric juices, which include hydrochloric acid and digestive enzymes like pepsin,

help in breaking down the food into a semi-fluid paste or slurry. This mixture is what is referred to as chyme.
The transformation of solid food into chyme is a crucial step in the digestive process because it allows for the efficient absorption of nutrients in the small intestine. Once the chyme is adequately processed in the stomach, it gradually moves into the duodenum, which is the first part of the small intestine, through a valve called the pyloric sphincter. This movement happens in small spurts and is controlled to optimize the digestion and absorption process in the intestine.
It is important not to confuse chyme with other substances involved in digestion such as bolus or bile. Bolus is the term used for food after it has been chewed and mixed with saliva, right before it is swallowed and sent down the esophagus into the stomach. Bile, on the other hand, is a digestive fluid produced by the liver and stored in the gallbladder. It is released into the small intestine (not the stomach) and helps in the digestion of fats.
Methane, another term mentioned, is unrelated to the direct process of food digestion. It is a gas that can be produced in the digestive system as a byproduct of the fermentation of undigested food by bacteria in the large intestine, but it is not involved in the transformation of food into chyme.
Understanding these terms and their specific roles in the digestive process is crucial for appreciating how the body processes and utilizes the food we eat to maintain health and energy. Chyme, as a semifluid substance, plays a key role in allowing nutrients to be efficiently absorbed and used by the body.

Question: 4

The nutrient requirements of the pregnant woman with diabetes are the same as for the normal pregnant woman. All of the following are true about this except:

A. the diet does not need to be planned around insulin, time and number of injections
B. Clients with gestational diabetes and diabetic clients may require insulin to control blood glucose levels
C. Oral hypoglycemic agents have been approved for use during pregnancy
D. Between-meal feedings help maintain blood glucose at a steady level

Answer: A

Explanation:
The question is examining the nutritional needs and management for pregnant women with diabetes, comparing them to the needs of those without diabetes. The correct management of diabetes during pregnancy is crucial for the health of both the mother and the fetus. The statement provided suggests that the nutrient requirements are the same for both diabetic and non-diabetic pregnant women, but there are exceptions related to the specifics of managing diabetes, particularly concerning diet and medication.
One of the exceptions noted is that "the diet does not need to be planned around insulin, time, and number of injections." This is incorrect for diabetic pregnant women who use insulin. For these women, the timing and composition of meals should be carefully coordinated with insulin therapy to prevent hyperglycemia (high blood sugar levels) and hypoglycemia (low blood sugar levels). Insulin requirements often change during pregnancy, and diet planning becomes integral to managing these shifts effectively.
The response also mentions that "oral hypoglycemic agents have been approved for use during pregnancy." This is generally false, as most oral hypoglycemic agents are not recommended during

pregnancy due to potential adverse effects on the fetus. Insulin is the preferred treatment for managing blood glucose levels in pregnant women with diabetes. The use of oral hypoglycemic agents is limited and typically not the first choice.
Another statement provided is that "gestational diabetes usually disappears after delivering the baby." This is true. Gestational diabetes is a form of diabetes that develops during pregnancy and typically resolves after the birth of the child. However, it does increase the mother's risk of developing type 2 diabetes later in life.
Finally, it is also stated that "between-meal feedings help maintain blood glucose at a steady level." This is true and is a recommended strategy for managing diabetes, whether gestational or pre-existing, during pregnancy. Frequent small meals and snacks can help prevent spikes and drops in blood glucose levels, contributing to more stable control.
Therefore, while the fundamental nutrient requirements (like vitamins, minerals, and overall caloric intake) for pregnant women with diabetes might mirror those of non-diabetic pregnant women, the approach to meal planning, medication, and glucose monitoring will differ significantly to accommodate the metabolic demands imposed by diabetes.

Question: 5

A computerized dietary analysis system should at a minimum include all of the following basic nutrients and nutrient factors except:

A. not energy
B. total fat
C. total carbohydrate
D. total protein

Answer: A

Explanation:
The question asks about which basic nutrients and nutrient factors should not be minimally included in a computerized dietary analysis system. To address this question, it's essential to consider the standard components typically analyzed in dietary assessments.
Typically, a comprehensive dietary analysis system should include a variety of nutrients that are crucial for assessing overall dietary intake and health implications. These include macronutrients like energy (or calories), total fat, total carbohydrate, and total protein. These macronutrients are fundamental as they provide the bulk of energy required by the body and are essential for various physiological functions and metabolic processes.
Besides macronutrients, such systems should also account for dietary fiber, which is important for digestive health; water, which is crucial for almost all bodily functions; and other components like alcohol, cholesterol, and caffeine that have specific health implications. Additionally, the system should track types of fats, including total saturated fatty acids, total monounsaturated fatty acids, and total polyunsaturated fatty acids, since they have differing effects on cardiovascular health.
From the list provided in the question, all the nutrients mentioned are typical and important for a well-rounded dietary analysis. There is no explicit mention of any unnecessary or irrelevant nutrient factors in the standard list provided. Therefore, if we are to consider an item that is "except" or not typically necessary in a basic dietary analysis tool, we would need to look for a nutrient or factor not listed

among the common ones (like vitamins or minerals which might be considered more specialized depending on the depth of the analysis required).
However, based on the information provided in the question and the typical components of a dietary analysis, all items listed (energy, total fat, total carbohydrate, total protein, dietary fiber, water, alcohol, cholesterol, caffeine, total saturated fatty acids, total monounsaturated fatty acids, and total polyunsaturated fatty acids) are essential. Thus, the question might be indicating a need to exclude a fundamental yet over-assumed component like "energy," which could be misunderstood as not a nutrient but merely a measurement of calorie intake derived from consuming the macronutrients. In dietary analysis, while energy is a derivative calculation and not a direct nutrient, it remains crucial for complete dietary assessments. Therefore, none of the basic nutrient factors listed should be excluded as they all contribute valuable information to a dietary analysis.

Question: 6

A balanced diet is one that includes:

A. equal amounts of carbohydrates and fats
B. no animal products
C. all six classes of nutrients
D. more vegetables than fruits

Answer: C

Explanation:
A balanced diet is essential for maintaining good health and well-being. It provides the body with the necessary nutrients it requires to function optimally. Understanding what constitutes a balanced diet can help in making healthier food choices.
A balanced diet includes all six classes of nutrients: carbohydrates, proteins, fats, vitamins, minerals, and water. Each of these nutrients plays a critical role in various bodily functions, and it's important to consume them in the right proportions.
Carbohydrates are a major source of energy for the body. They are found in foods like grains, fruits, and vegetables. **Proteins** are essential for the growth and repair of body tissues and can be sourced from meat, dairy products, and legumes. **Fats** are another source of energy and are important for the absorption of certain vitamins; they can be found in oils, butter, and nuts.
Vitamins and **minerals** are crucial for immune function, bone health, and overall well-being. They are widely distributed in fruits, vegetables, dairy, and meat. Lastly, **water** is vital for hydration, digestion, and nutrient transportation.
It is important to note that a balanced diet does not necessarily mean equal amounts of carbohydrates and fats, as the body requires these in different ratios depending on individual health needs, lifestyle, and energy expenditure. Additionally, a balanced diet is not restricted to any food groups, such as excluding all animal products or only consuming vegetables and fruits. Instead, it is about variety and moderation, ensuring that no essential nutrients are omitted.
In summary, a truly balanced diet is one that adequately incorporates all six classes of nutrients, tailored to an individual's specific health requirements, rather than adhering to overly restrictive or unbalanced food intake patterns. This approach supports overall health and helps prevent nutritional deficiencies and associated health problems.

Question: 7

When a lab test result comes back showing an elevated BUN, it is referred to as azotemi
a. Decreased BUN can result from all of the following except:
A. liver disease
B. overhydration
C. dehydration
D. malnutrition

Answer: C

Explanation:
Blood Urea Nitrogen (BUN) is a test that measures the amount of nitrogen in the blood in the form of urea, a waste product that is produced during protein metabolism. Urea is produced in the liver and is excreted by the kidneys. Therefore, BUN levels are a marker used to evaluate kidney function and liver function, and they can be influenced by the rate of protein breakdown in the body.
When a BUN test result indicates high levels of urea, it is referred to as azotemia. This condition can be caused by factors that lead to increased protein breakdown or reduced excretion of urea by the kidneys. Potential causes include high protein diets, kidney dysfunction, dehydration, and certain diseases affecting kidney function.
Conversely, a decreased BUN level can result from several conditions including: 1. **Liver Disease:** Since urea is produced in the liver, severe liver disease can lead to decreased urea production, thereby reducing BUN levels. 2. **Overhydration:** Excessive fluid intake can dilute the blood urea concentration, leading to lower BUN levels. 3. **Malnutrition:** Inadequate protein intake reduces the amount of urea the body produces, which decreases BUN levels. 4. **Use of Anabolic Steroids:** These can increase muscle mass, thus altering the metabolism of proteins and potentially leading to lower BUN levels.
The question specifically asks which of the conditions listed does not lead to a decreased BUN. hydration. Dehydration typically causes elevated BUN levels rather than decreased levels. This is because dehydration leads to a reduced blood volume, increasing the concentration of urea in the blood, which is reflected as an increase in BUN levels. This contrasts with overhydration, where the increased blood volume dilutes the urea concentration, thus decreasing the BUN.
Therefore, in the context of the question, all the provided options except for dehydration are conditions that can lead to a decreased BUN. Dehydration is known to increase BUN levels, making it the correct answer to the question as the condition that does not lead to decreased BUN levels.

Question: 8

Which of the following supplements can be used for cold sores?

A. lysine
B. ginseng
C. selenium
D. sassafras

Answer: A

Explanation:
Lysine is an amino acid that is commonly recommended as a supplement for managing and preventing cold sores, which are caused by the herpes simplex virus (HSV). Cold sores, also known as fever blisters, typically appear as lesions on the lips, mouth, or face and can cause discomfort and social embarrassment. The rationale behind using lysine is based on its role in inhibiting the replication of the herpes virus, which relies on another amino acid, arginine, to proliferate. By increasing lysine intake, the theory is that it competes with arginine and can reduce the severity and frequency of cold sore outbreaks.
Clinical studies have produced mixed results, but some have shown that taking lysine supplements can effectively prevent cold sores and reduce the duration of an outbreak. Recommended dosages for managing herpes outbreaks often range from 1,000 to 3,000 mg per day, typically starting with higher doses at the onset of symptoms and reducing the dosage as symptoms improve. However, it is important to consider that high doses can have side effects and should be discussed with a healthcare provider, especially for individuals with preexisting health conditions or those taking other medications.
In contrast to lysine, other supplements listed such as ginseng, selenium, and sassafras are not specifically recognized for their efficacy in treating or preventing cold sores. Ginseng is generally used for its overall benefits to immune function and energy levels, selenium is known for its antioxidant properties, and sassafras has been historically used for various medicinal purposes, but none are directly linked to the treatment of herpes simplex virus infections.
For those considering lysine supplements, it's also worth noting that dietary sources of lysine include meat, fish, dairy products, eggs, and some legumes, which might be sufficient for some individuals to manage their condition without the need for supplements. As always, it's advisable to consult with a healthcare provider before starting any new supplement regimen, particularly for conditions like herpes that can vary significantly in their expression and severity among different individuals.

Question: 9

There are five categories of nutrition-related data to collect that includes all of the following except:

A. not appetite
B. food/nutrition-related history obtained by interviews
C. anthropometric measurements such as height, weight and BMI
D. results of biochemical data and medical tests

Answer: A

Explanation:
To answer the question about the five categories of nutrition-related data to collect that includes all of the following except, it is important to understand each category typically involved in a comprehensive nutritional assessment. Here’s an expanded explanation of each:
1. Food/Nutrition-Related History: This category includes data collected through dietary interviews or questionnaires. It assesses dietary intake, eating habits, food preferences, allergies, and other relevant information that affects food choices and nutrition. This type of history is crucial for understanding the individual's usual dietary intake and any modifications they may need.

2. Anthropometric Measurements: This involves the physical measurements of the body such as height, weight, Body Mass Index (BMI), waist circumference, and skinfold thickness. These measurements help evaluate the nutritional status, growth patterns, and health risks associated with underweight, overweight, and obesity.
3. Biochemical Data and Medical Tests: This category includes laboratory tests and other diagnostic procedures that provide information about the metabolic and nutritional status of an individual. Common tests might include blood glucose levels, lipid profiles, liver and kidney function tests, and levels of various vitamins and minerals. These results help in diagnosing nutritional deficiencies or imbalances.
4. Nutrition-Focused Physical Findings: This involves clinical observations related to nutrition. It includes looking at physical signs of nutrient deficiencies or excesses, assessing muscle and fat stores, and evaluating overall physical appearance. Signs such as skin, hair, nail changes, or swelling can give clues about nutritional status.
5. Client Personal History: This includes a review of personal lifestyle factors that impact nutritional status such as medical history, socioeconomic status, medication use, and psychological factors. Understanding these aspects helps tailor nutritional advice and interventions to the individual's unique circumstances.
From the list provided in the query, "not appetite" appears as an option, which does not fit directly into any of the standard categories mentioned above. While appetite can be a part of the nutritional-focused physical findings, it is generally considered more a symptom or a side effect observed during the assessment rather than a category itself. Therefore, "not appetite" is the correct answer as it is not a direct category for collecting nutrition-related data.

Question: 10

The middle score in a set of numbers arranged from lowest to highest is known as which of the following?

A. Mean.
B. Median.
C. Mode.
D. Range.

Answer: B

Explanation:
The correct answer to the question is "Median." The median is defined as the value situated at the middle of a dataset when ordered from the lowest to the highest value. It is a form of measure of central tendency, which provides a significant representation of the data set by identifying the central position of the dataset.
To find the median, one must first arrange all the numbers in the dataset in ascending order. If the number of observations (scores) in the dataset is odd, the median is simply the number that is in the middle of this ordered list. For example, in the dataset {1, 3, 5}, the median is 3.
However, if the dataset contains an even number of observations, there is no single middle value. In such cases, the median is calculated by taking the average of the two middle numbers. For instance, in the dataset {2, 4, 6, 8}, the middle numbers are 4 and 6. The median is the average of these two numbers, which is (4 + 6)/2 = 5.

The median is a particularly useful statistical measure in instances where the dataset includes outliers or is skewed, as it is not as heavily influenced by extreme values as other measures, such as the mean. This characteristic makes the median an important and robust statistic for depicting the central tendency of a dataset.

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