

Title:

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The role of digestive disease specialists in nutritional management: addressing the need for improved training and care

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Dear Editor,



Clinical nutrition is a transversal therapeutic tool that is particularly relevant for the management of digestive diseases. Historically, medical school and residency programs have provided limited training in nutrition. This contrasts with growing evidence on the determinant role of nutritional management in multiple digestive diseases. Malnutrition, whether due to deficiency or excess, affects a significant proportion of patients in our clinics and hospital units, underscoring the importance of early detection and intervention as essential competencies for digestive system specialists. From motor and functional disorders to chronic inflammatory, hepatic or pancreatic conditions, nutritional support is an essential intervention that can directly influence the clinical course, therapeutic response, and the emergence of complications in digestive diseases.

To understand the perception and degree of involvement of digestive system specialists in the field of nutrition, the Spanish Society of Digestive Diseases (SEPD) designed a survey that was distributed among its members between March 3 and 23, 2025, obtaining 235 valid responses. Data collection and management were conducted using the REDCap platform hosted by the SEPD.

The survey revealed a high level of healthcare involvement in nutrition (Table 1): 56 % of the respondents dealt everyday with nutritional issues, and 63 % indicated that their patients asked for dietary advice on a day-to-day basis. The conditions most associated with nutritional issues were irritable bowel syndrome (75 %), functional dyspepsia (68 %), and inflammatory bowel disease (53 %).

Despite this high clinical demand, 83 % of the respondents considered their specific training in nutrition to be insufficient. Only 5 % reported having received extensive training during their residency. Accordingly, 79 % strongly agreed on the need to improve training in nutrition within the specialty. The main training areas identified were the management of therapeutic diets (61 %), oral nutritional supplements (59 %), and the assessment of nutritional status (55 %).

A particularly concerning finding was that 61 % considered that their role in nutritional management was not clearly defined, and only 5 % always collaborated with a nutritional support expert. Among the main barriers, lack of training (83 %), healthcare



pressure (57 %), and absence of defined protocols (59 %) are the most significant.

These results indicate a significant gap between the demand for nutritional care and the current preparation of gastroenterology specialists. Establishing structured training pathways, incorporating nutrition into gastroenterology residency programs, and developing clinical guidelines through scientific societies are crucial steps to solidify the role of digestive system specialists in the nutritional management of patients with digestive diseases.

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Table. General results of the survey (n = 235)

Evaluated aspect	Percentage of respondents
Frequency with which nutritional issues c	are addressed in consultations
Daily	56.2 %
Weekly	36.2 %
Patients requesting dietary advice	
Daily	63.4 %
Weekly	30.6 %
Training in clinical nutrition during reside	ency
No training	62.1 %
Basic training	31.5 %
Extensive training	5.1 %
Perceived need to improve nutrition train	ning
Strongly agree	78.7 %
Priority areas of training identified	
Therapeutic or exclusion diets	60.9 %
Oral nutritional supplements	59.1 %
Assessment of nutritional status	55.3 %
Collaboration with nutritional support ex	perts
Always	4.7 %
Rarely or occasionally	73.2 %
Perception of the role of the gastroenter	ologist in clinical nutrition
Poorly or not at all defined	82.2 %
Main barriers identified	I
Lack of specific training	83.4 %
Healthcare pressure	57.4 %
Absence of defined protocols	58.7 %