



BANT eNews 140: Spring 2025

BANT AGM & NED Science Forum, GP Engagement, Efficasafe, Thyroid, CGMs and more...

Hello there,

Firstly, welcome to returning members and new members alike. In this issue, we round up the latest on the work BANT is doing to promote the profession plus events, CPD, BANT

member benefits as well as feature articles on thyroid and CGMs; there is also a dedicated section for students detailing tea sessions and study tools.

This year, we've already attended Practice Better London, an event largely attended by GPs, where we received the most positive welcome to date from the attendees. Read Satu Jackson's piece below for more on this and upcoming events where BANT representatives will interact with Primary Care Network practitioners.

We hope to see some of you in person at the BANT AGM and NED Science Forum on 13th May. This is an opportunity for you to meet other members, BANT directors and managers, members of the NED Board and NED expert reviewers, plus sponsors who will be exhibiting at the event.

If you can't join us there, we hope to see you at some of the many events we'll be attending later in the year to promote the work of BANT members.

This email is sponsored by:



**free resources
and coupon cards
for your IBS clients.**

Download now or email
institute@drschaer.com to order.

The advertisement features three booklets: 'low FODMAP diet', 'healthy eating & lifestyle advice', and 'low FODMAP diet'. A Schär logo is also present.

BANT CEO, Satu Jackson, Reports on a Proactive Year to Date...



We are making steady progress getting BANT and nutritional therapy known among GPs. The Best Practice London exhibition, specifically a GP and Primary Care event, was held for the third time in Olympia in February and we had two talks at the event in addition to our stand. I did a talk about IBS and underlying causes and how nutritional therapy can help to find the underlying causes and personalise the recommendations to each individual. Jackie

Lynch, a BANT Fellow, did a talk about optimising nutrition to support menopausal health and wellbeing. Both talks were very popular, showing the interest GPs have in non pharmaceutical interventions and also the functional testing we do. These events, the one in London and a longer running Best Practice in Birmingham in the autumn, have generated many surprise calls to some of our members from their local GPs to explore further opportunities to collaborate. You never know who might be at the other end of the line!

In addition to Best Practice events, we are collaborating with the British Society of Lifestyle Medicine (BSLM) and joined them and the College of Medicine and Integrated Health (CoM) to release a statement on Anti-Obesity Medications, calling for improved controls for the use of AOMs and the care of the individual. This brief was also published on our Politics Home page.

The BANT team is working on updating and expanding the old GP engagement materials and you will find out more about these in this eNews. The Practice Governance team is working on several updates to the handbook ongoing, two key projects are eating disorders and mental health guidelines. Both clinical areas of practice are seeing increased numbers of clients and in the majority of cases require Nutritional Therapists to work in collaboration with other healthcare providers. Eating Disorders will have a similar listing in BANT Practitioner Search under 'Health Concerns' as we have for Cancer, allowing members of the public to find practitioners who have additional post-qualification training in this specific area of practice. To be part of this listing, there will be a similar light portfolio process as we have for cancer, to give BANT the confidence to promote the listing with safe practitioners who have the skills to work in triage with other healthcare providers in support of those with eating disorders.

There is no doubt that our profession is being seen and heard, not just by GPs but also many within the professional landscape and politicians, including MPs with the help of our members. This is what BANT Directors and Managers do through a variety of workstreams, some actions being more visible and others taking much longer and by necessity behind closed doors. One thing you can be sure of is that we are all working to increase the reach of nutritional therapy, our members and preventative healthcare, in addition to ensuring that personalisation wins over one size fits all.

Enjoy the beautiful spring and I hope to see some of you at the AGM!



The Benefits of Using Continuous Glucose Monitors (CGMs) in Nutritional Therapy

By Satu Jackson, BANT CEO, and Isabelle Hemming, BANT Director

Originally published in *Only Natural*, Issue 54, Winter 2025

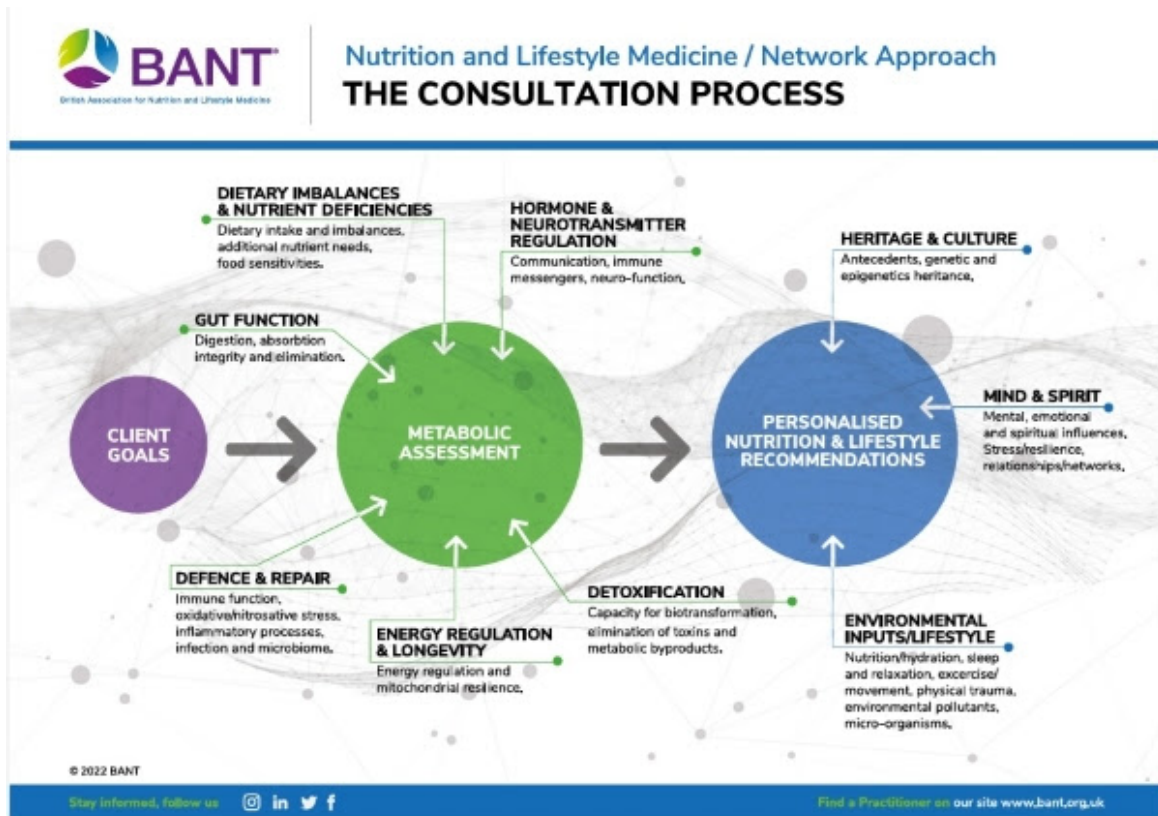
Poor metabolic health is one of the biggest threats facing our health and the health of our society. Nearly two billion people worldwide are metabolically unhealthy (1). In England, metabolic health has worsened substantially over recent years; 7% of adults now have type 2 diabetes, with pre-diabetes affecting a further 12%. In addition, 64% of the population are either overweight or obese, including 26% who are living with obesity. (2,3)

These figures continue to worsen despite government initiatives and it is clear that mainstream efforts to tackle these chronic diet and lifestyle related health concerns have not

been successful. We have seen over and over again how calorie counting fails, with 80% of people regaining weight after restrictive dieting. (4,5)

The role of Registered Nutritional Therapists in improving metabolic health

Registered Nutritional Therapists in clinical practice work to help individuals increase healthy longevity by providing science-based dietary and lifestyle recommendations. These are based on the knowledge that each individual is unique with specific biological individuality. Therefore, recommendations provided are personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach.



Improved metabolic health provides the foundation for healthy longevity. Many of our clients wish to optimise their body composition, be that for health or aesthetic purposes. As Registered Nutritional Therapists, we can support these goals following our consultation process (see above). However, adding in an understanding of their unique individual glycaemic response (6,7) to carbohydrates, through the use of Continuous Glucose Monitors (CGMs), provides us with an opportunity to further fine-tune our recommendations.

Registered Nutritional Therapists and CGMs

CGMs are medical devices that are used to monitor and track blood glucose levels in real-time, throughout the day and night. In addition to informing the practitioners' recommendations, CGMs also help the client to understand their own response to glucose intake. This helps to improve their understanding and increases their motivation to engage in healthier dietary intake and lifestyle measures.

BANT practitioners do not work with CGMs in a medical capacity to manage diabetes, which is outside the scope of Registered Nutritional Therapists. Only if experienced in this area should BANT practitioners provide nutritional support to people with type 2 diabetes. In general, BANT practitioners will be using CGMs to work with individuals to prevent metabolic disease or to intervene prior to the onset of significant disease.

How CGMs support optimal health

With the popularity of CGMs increasing, BANT reviewed research on how CGMs may contribute to optimising wellbeing. After all, you don't need to be (pre)diabetic to appreciate the impact on your health when making changes to your diet and lifestyle. Preventing disease and increasing health span vs life span is beneficial for both the individual and society as a whole; good health improves the productivity of the workforce and reduces the burden on NHS services.

Our review of the research found that 90% of people using a CGM felt it had contributed to their adopting healthier lifestyles, including 87% who adopted more nutritious food choices. The increased motivation to improve diet, exercise and lifestyle led to immediately visible results, and data from the CGM app helped them to implement lasting behaviour change. Weight loss, both body weight and fat mass reduction, were significantly improved when using a CGM combined with dietary education and behaviour change coaching, compared with nutrition education alone. Much of this improvement was achieved by lowering the percentage of carbohydrate as a proportion of total energy intake. CGM users also significantly reduced fasting plasma glucose and total cholesterol. (7,8)

CGMs and positive dietary change

Nutritional therapy with both dietary and lifestyle recommendations perfectly complements the information gained from a CGM. We have plenty of research which supports the use of a Mediterranean style diet with lower carbohydrate intake to improve metabolic health. Eating fewer sugars and starchy carbohydrates, like potatoes, bread, pasta and rice, which break down to glucose in the body, helps to improve the blood glucose levels and therefore the risk of pre/diabetes. (9,10)

Using CGMs to understand post-prandial hyperglycaemia in individuals without diabetes is helpful given that glucose spikes are also associated with greater mortality risk from cardiovascular disease. Glucose spikes vary significantly among healthy individuals, as we all respond to foods differently in terms of their impact on our blood glucose. However, we also know that glucose spikes are associated with greater hunger, food cravings and poorer mental health and sleep. Working with clients using a CGM can help to identify and take action to minimise such spikes, which is invaluable in terms of personalisation of recommendations (11) for disease prevention.

CGMs help to consider the timing of high glycaemic index (GI) food intake based on the clients' lifestyle, exercise, and how to optimise that within a balanced dietary intake of whole foods.

It's not just about the food!

It is not just diet which impacts blood glucose levels; there are other factors, including gender and exercise. A study published in 2019 found that CGMs allow a better understanding of glycaemic response to meals in a non-diabetic adult population, noting, for example, that women had a different post-prandial glycaemic response to men. (12,13)
Other key factors which contribute to raised blood glucose levels include:

Stress and raised cortisol levels

Stress hormones have a big impact on blood glucose levels and chronic stress can result in hyperglycaemia and insulin resistance, a condition which precedes pre-diabetes and Type 2 Diabetes (14,15). By tracking blood glucose levels using a CGM it is possible to understand the impact of stress on an individual and to work with them on diet and lifestyle changes to try to reduce stress and improve metabolic health.

Inflammation

Inflammation in the body can also have a negative impact on blood glucose and insulin

levels. Inflammation caused by prolonged infection or by an autoimmune condition can lead to glucose dysregulation and insulin resistance. Anti-inflammatory dietary support for a client may positively impact blood glucose levels and reduce metabolic risk. (16)

Safe use of CGMs in practice

Working with members of the public to optimise individuals' wellbeing brings certain challenges. BANT practitioners are advised to be aware of obsessive behaviours, such as disordered eating and health anxiety, both of which are prevalent among those concerned about their body composition. Furthermore, since CGMs are wearable medical devices there are guidelines that BANT practitioners must follow based on data protection regulations and Care Quality Commission (CQC) guidance.

These include:

- Consent has to be acquired from the client to access and store data from a CGM in line with UK GDPR requirements
- A practitioner cannot apply a CGM sensor to a client unless they have phlebotomy training. Instead, they may instruct their client to apply the device in line with the supplier's instructions

BANT supports its members with additional educational materials both about the use of CGMs and also post-graduation CPD detailing the latest research on metabolic health and related risk of disease, along with other science-based nutrition and lifestyle medicine recommendations.

In summary

New technologies such as CGMs offer substantial benefits to Registered Nutritional Therapists as they provide real insight into the metabolic health of our clients. As a profession, we aim to lead the way in preventative healthcare, and embracing tools such as CGMs will help us to stay at the forefront in order to support our clients' wellbeing with a view to healthy longevity.

References:

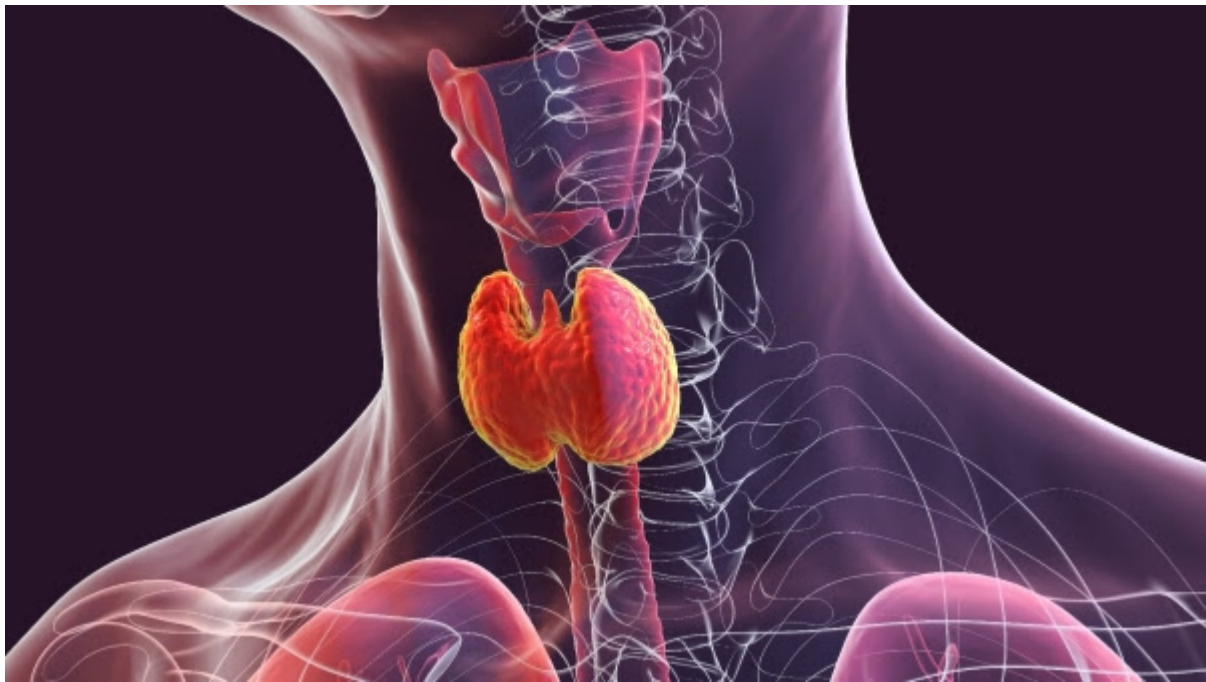
1. World Health Organisation (WHO). [Obesity and overweight. 2024 Mar 1.](#)
2. Office of National Statistics. [Risk factors for pre-diabetes and undiagnosed diabetes in England 2013-2019. February 2024.](#)
3. Office for Health Improvement and Disparities. [Obesity profile: short statistical commentary May 2024. 2024 May.](#)
4. Hall KD, Kahan S. [Maintenance of lost weight and long-term management of obesity. Med Clin North Am \[Internet\]. 2018 Jan;102\(1\):183-197.](#)
5. Daniel Engber and Nature Medicine. [Unexpected clues emerge about why diets fail. Scientific American \[Internet\]. 2020 Jan 13.](#)
6. Vrolix R, Mensink R P. [Variability of the glycemic response to single food products in healthy subjects. Contemporary Clinical Trials \[Internet\]. 2010 Jan; 31\(1\):5-11.](#)
7. Ehrhardt N, Al Zaghaf E. [Continuous Glucose Monitoring As a Behaviour Modification Tool. Clin Diabetes \[Internet\]. 2020 Apr;38\(2\):126-131.](#)
8. Liao Y, Schembre S. [Acceptability of Continuous Glucose Monitoring in Free-Living Healthy Individuals: Implications for the Use of Wearable Biosensors in Diet and Physical Activity Research. JMIR Publications \[Internet\]. 2018 Oct; 6\(10\).](#)
9. Snorgaard O, Poulsen GM, Andersen HK, et al. [Systematic review and meta-analysis of dietary carbohydrate restriction in patients with type 2 diabetes. BMJ Open Diabetes Res Care \[Internet\]. 2017 Feb;5\(1\).](#)

10. Ghasemi, P., Jafari, M., Maskouni, S.J. et al. [Impact of very low carbohydrate ketogenic diets on cardiovascular risk factors among patients with type 2 diabetes; GRADE-assessed systematic review and meta-analysis of clinical trials. Nutr Metab \[Internet\]. 2024 Jul. 21:\(50\)\(2024\).](#)
11. Jarvis PRE, Cardin JL, Nisevich-Bede PM, McCarter JP. [Continuous glucose monitoring in a health population: understanding the post-prandial glycemic response in individuals without diabetes mellitus. Metabolism; Review \[Internet\]. 2023 Sept;146.](#)
12. Gonzales-Rodrigues M, Pazos-Couselo M, Garcia-Lopez JM, Rodriquez-Segade S et al. [Postprandial glycemic response in a non-diabetic adult population: the effect of nutrients is different between men and women. Nutrition & Metabolism \[Internet\]. 2019 Jul;16\(46\).](#)
13. Schiavon M, Hinshaw L, Mallad A, Dalla Man C, et al. [Postprandial glucose fluxes and insulin sensitivity during exercise: A study in healthy individuals, Am J Physiol Endocrinol Metab. 2013 Jul;305\(4\): E557-E566.](#)
14. Holland WL, Brozinick JT, Wang LP, Hawkins ED, et al. [Inhibition of ceramide synthesis ameliorates glucocorticoid-, saturated-fat-, and obesity-induced insulin resistance. Cell Metab \[Internet\]. 2007 Mar;5\(3\):167-79.](#)
15. Kuo T, McQueen A, Chen TC, Wang JC. [Regulation of Glucose Homeostasis by Glucocorticoids. Adv Exp Med Biol, Review \[Internet\]. 2015;872:99-126.](#)
16. Chee B, Park B, Bartold PM. [Periodontitis and type II diabetes: a two-way relationship. Int J Evid Based Healthc \[Internet\]. 2013 Dec;11\(4\):317-29.](#)

The Thyroid: Considerations for Nutritional Therapy and Personalised Lifestyle Support

By Chloe Steele, Ana-Paula Agrela, Gail Brady, Nicky Este, Anna Papoutsas Shue, Jessica Rigutto

Originally published in the recent NED Journal ed. 6, this feature article draws on the expertise of a NED Expert team, lead by Dr Jessica Rigutto. It answers key questions relevant to your clinical practice related to the thyroid, nutrition and lifestyle medicine.



Abstract

The thyroid gland has major physiological roles in growth, development and metabolism, from conception to older age. Thyroid function is associated with some of the major causes of morbidity and mortality globally, and dysfunction of the thyroid gland can impact daily quality of life through its effects on energy, muscle strength, body weight, bowel frequency, heart rate, mental health, and temperature regulation. Such symptoms may be frequently seen in individuals presenting with suboptimal thyroid function in nutritional therapy practice.

Various nutrients such as iodine, iron, selenium, vitamin A, zinc, vitamin D, and magnesium are influential to thyroid function and personalised lifestyle choices adapted to the individual may help provide additional support. The aim of this review is to describe the research surrounding the relationship of these factors to thyroid function and thereby support evidence-based therapeutic decision-making in clinic.

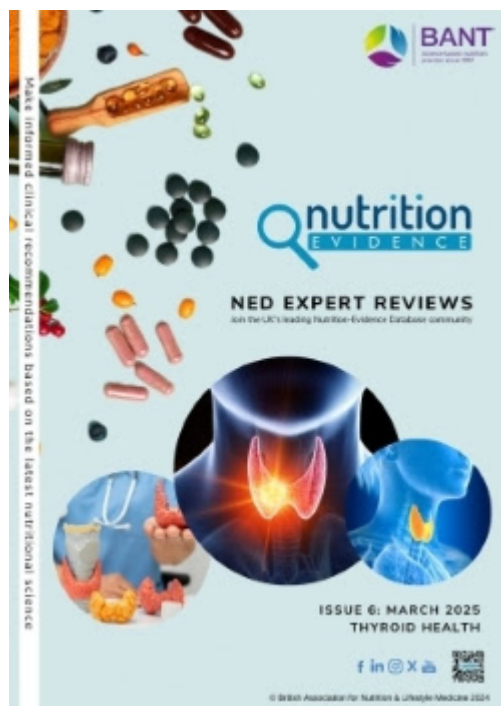
Introduction

The thyroid is an important endocrine gland situated at the front of the throat. Its main function is to produce hormones required for growth, development and metabolism, namely triiodothyronine (T3), and tetraiodothyronine (thyroxine, T4). In response to existing circulating concentrations of T3 and T4, hormones from the hypothalamus and pituitary gland control the amount of these hormones produced by the thyroid (1). This feedback loop is known as the hypothalamus-pituitary-thyroid axis (HPT). A poorly functioning thyroid gland or problems with HPT axis signalling can be involved in the development of many diseases and are associated with three of the top ten global causes of death: heart disease, Alzheimer's disease and diabetes (2–4). Disrupted lipid metabolism, metabolic syndrome and hyperglycaemia may all be involved in the pathogenesis (5,6). Practitioners should therefore consider thyroid function when seeing individuals with these conditions, as well as individuals who have classic thyroidal symptoms such as tiredness, weakness, weight gain or difficulty losing weight, muscle aches, constipation, slow heart rate, anxiety, and sensitivity to cold. Lifestyle factors such as diet, sleep, exercise, stress and environmental toxins may affect thyroid function (7). Practitioners should consider the role of nutrient deficiencies and excesses in thyroid health. It has long been recognised that several minerals and vitamins are essential to thyroid function and hormone production, including iodine, selenium (Se), iron (Fe) and vitamin A (VA), as well as the enzyme co-factors Zn and magnesium (Mg) (8). As a result, individuals with nutrient deficiencies may be at risk of poor thyroid health. Whilst it is often assumed that nutrient deficiencies are uniquely associated with low- and middle-income countries, it is interesting to note that deficiencies are emerging amongst high income countries too. For example, in a 2021 review of data from the United Kingdom, pregnant

women over the period 1991 to 2014 showed that in no survey year were iodine intakes sufficient to cover the additional needs of pregnancy (9). Undiagnosed thyroid disorders could possibly occur in as much as 4-7% of the UK and European population and metabolic disorders are increasing (10–13). Nutrient imbalances and lifestyle choices may be contributing to modifiable risk factors influencing thyroid disorders.

This narrative review therefore seeks to provide a useful overview of the literature and support decision-making by nutrition practitioners in their recommendations for this growing number of individuals.

Download the full article [here](#), or read it in [NED Journal ed. 6](#).



NED Journal

Take a deep dive into the science, with clinical implications and take aways relevant to your practice.

BANT's vision for [Nutrition Evidence Database \(NED\)](#) is to provide nutrition and lifestyle science transformed and relevant for integrative and personalised practice. This journal demonstrates that this vision is being realised. NED is a unique offering in a rapidly expanding field of healthcare and is available open-access for all.

If you've missed previous issues of the NED Journal, access them [here](#).

GP Engagement Toolkit

WHAT EVIDENCE DO BANT MEMBERS USE?

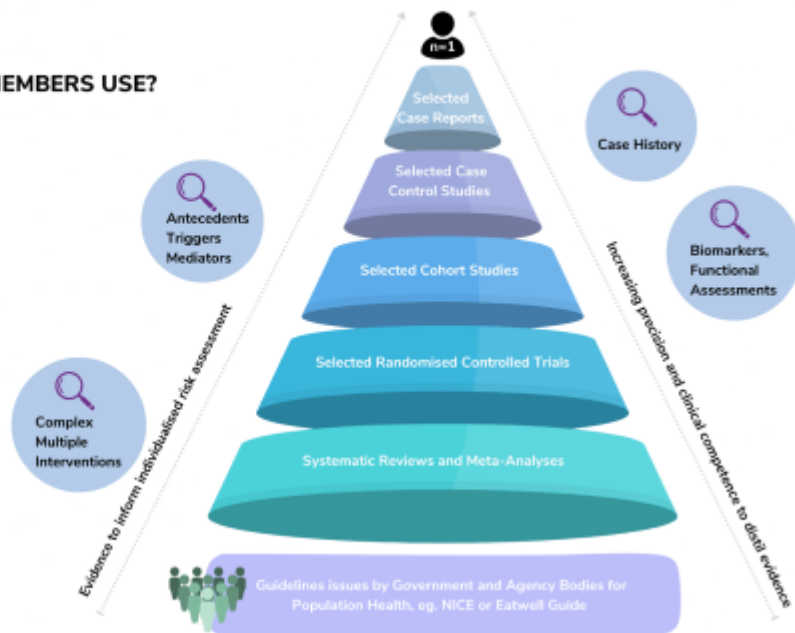
BANT members consider each individual to be unique and use an evidence-based approach to provide personalised recommendations. These recommendations take into account the biological individuality and health history of the individual, together with the modifiable diet and lifestyle factors, all of which form the basis for personalised nutrition and lifestyle programmes - rather than a 'one size fits all' approach.



OUTCOMES THAT ARE...

PATIENT-CENTRED

PRECISION-ORIENTATED



© 2024 BANT

Stay informed, follow us: [in](#) [ig](#) [f](#) [x](#) [v](#)

Find a practitioner on our website www.bant.org.uk

We've updated the template letters designed to assist you in contacting your clients' GPs or Primary Care Network (PCN); there is a suite of 5 letters to suit various scenarios, from introducing yourself to communicating about complex cases. We encourage you to use these templates, not only to save time, but also to standardise and professionalise your approach to GPs and PCNs so as to capitalise on the work we are doing to engage with them.

You can access these template letters and a range of infographics which you can present to PCNs under BANT Member Resources at:

<https://bant.org.uk/members-area/member-resources/bant-gp-engagement-toolkit/>

We're currently reviewing the infographics and updating where necessary and will be developing other resources within the toolkit.

In addition, we have a public page on our website aimed at GPs and PCNs as part of our efforts to engage with them, promote the work of our members and enable them to find us via our Practitioner Search: <https://bant.org.uk/bant-members-supporting-general-practice/>.

Member Benefit Highlight: Efficasafe



New to 2025, we are introducing EfficaSafe as part of your BANT membership benefits, a cutting-edge interaction database transforming evidence-based practice. EfficaSafe offers evidence-based clinical support via a comprehensive database covering thousands of drug-supplement interactions, using detailed monographs for drugs, herbs, and supplements and providing regular updates ensuring current, evidence-based information and much more.

You now have free (usually £156/year), unlimited access to EfficaSafe via your [BANT dashboard](#) by clicking the hotlink 'Evidence Databases' or directly from the [Science and Education](#) landing page.

[CLICK HERE](#)

Dates for your 2025 Diary



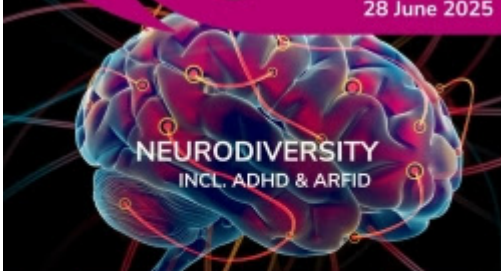
1:00 PM - 6:00 PM
IN PERSON, LONDON

LIVE EVENT & NETWORKING





28 June 2025



NEURODIVERSITY
INCL. ADHD & ARFID

SATURDAY 28 JUNE 2025
VIRTUAL ONLINE EVENT



08 Nov 2025



LIVER HEALTH & DETOXIFICATION

SATURDAY 08 NOVEMBER 2025
VIRTUAL ONLINE EVENT

For more info on all of our 2025 events see
<https://bant.org.uk/bant-events-2025/>

Classifieds: Jobs for BANT Members

Classified

Home » Classified

FREELANCE REGISTERED NUTRITIONAL THERAPY PRACTITIONER

Location: Ireland or UK preferred. Open to other locations within GMT/BST-friendly time zones. Hours: Flexible
Compensation: Competitive rates reflecting your experience. Are you a Nutritional...

FUNCTIONAL MEDICINE PRACTITIONER & NUTRITIONAL THERAPIST JOB OPPORTUNITY

Position: Functional Medicine Practitioner & Nutritional Therapist Location: Fully Remote (Home-Based) Job Type: Part-Time (4-6 clients per week +) Salary: TBC Application Deadline: 30th April...

INVIVO HEALTHCARE – BUSINESS DEVELOPMENT MANAGER

Job type Full-time, permanent Location London & Southeast (must reside in the region) Home working with regular client site visits and travel to Stroud HQ for training and meetings. Appropriate...

GERMAN SPEAKING SELF EMPLOYED NUTRITIONAL THERAPIST

Position: Self-employed Nutritional Therapist Reporting to: Gemma Callaghan Overall purpose of the role: YorkTest have grown into Germany and are looking for German speaking Nutritional Therapists to...

If you're interested in opportunities to use your nutrition skills and knowledge in a capacity other than or in addition to self-employed practice, keep an eye on our [Classifieds](#) page (access via hotlink on your [Dashboard](#)) where companies involved in the field of nutrition regularly place adverts looking for BANT members to work with them.

**Have You Signed up for the BANT Impact Data Study?:
Does Nutritional Therapy Positively Affect Troublesome Digestive
Symptoms?**

If your answer is “YES!”, join a study to help us prove it!

We are still calling for expressions of interest from BANT members to contribute to a research study on the impact of personalised nutrition on digestive function. By joining this study, you will get free access to the MYMOP digital platform with illuminating dashboard for the duration of the study, free MYMOP training from Meaningful Measures and client impact data on your services. You will also be contributing to the evidence-base for the practice of personalised nutrition, thereby advancing our profession.

If you're interested in participating, you can view the [recording](#) of a recent live session presented by the study Principal Investigator and BANT Science and Education Manager, Clare Grundel, and get in touch with her at clare.grundel@bant.org.uk.

**BANT**
Science based nutrition
practice since 1989

WE NEED 25 BANT MEMBERS TO JOIN A STUDY
Join our study to help us prove that personalised Nutritional Therapy interventions improve digestive health.

Are you in Clinical Practice of Nutritional Therapy?
Do you work with clients with Irritable Bowel Syndrome (IBS)?

Join this study to generate data on the impact of the practice of Nutritional Therapy on digestive disorders and contribute to the evidence base of the profession.

Benefits - You will gain:

- Free training in the use of digital MYMOP + secure log-in for you and your clients.
- Data on the impact of your nutritional therapy services using MYMOP, a validated instrument.

Commitment from you:

- Attend training paid for by BANT in the use of the digital MYMOP platform.
- Assess your clients for study eligibility using pre-determined criteria, provide information on the study and secure necessary consents from those willing to take part.

Commitment from your clients:

- Complete a study consent form at on-boarding.
- Complete a MYMOP assessment form during each nutrition consultation and at week 12 and 24 of their nutritional therapy inputs/or sign off if earlier.

Are you eligible? - You will need to:

- Be in active Nutritional Therapy clinical practice with indemnity insurance.
- Be a full member of BANT for at least the last 3 years and be based in the UK.
- Be registered with the [Complementary and Natural Healthcare Council \(CNHC\)](#) and the [Information Commissioners Office \(ICO\)](#).
- Be able to start working with 5 or more new adult clients presenting with digestive disorders through your usual on-boarding procedures over a 3 month period at the start of 2025.
- Have no history of successful insurance claims for malpractice or breach of professional duty.

Location of Study:

- Your own Nutritional Therapy clinics.



If you are interested in taking part or would like more information, please email the study principal investigator, Clare Grundel at clare.grundel@bant.org.uk.
Please note that this is a call for expressions of interest only pending ethics approval.

This study is brought to you by the BANT Science & Education Team



#BetterwithBANT

Welcome to the Spring 2025 issue of the BANT Student eNews



Welcome to new and returning student members!

In this issue, we have news of our upcoming student Tea Sessions, plus the latest in our series of student study tips.

Make sure that you also read the main enews for information on Efficasafe, the new interactions checker platform, and feature articles on "The Thyroid: Considerations for Nutritional Therapy and Personalised Lifestyle Support" and "The Benefits of Using Continuous Glucose Monitors (CGMs) in Nutritional Therapy".

Our Student Network Lead is Heather Chapman, a PhD student at University of Worcester. Contact Heather at studentrep@bant.org.uk if you have any questions, requests or ideas to discuss in relation to the Student eNews, Tea Sessions or anything else relevant to your student membership.

Student Tea Sessions



Plant- Based Diets with Rita Castanhito

Tuesday 8th April 2025 12:00 PM

[JOIN ON ZOOM](#)

Meeting ID: 844 4542 5109

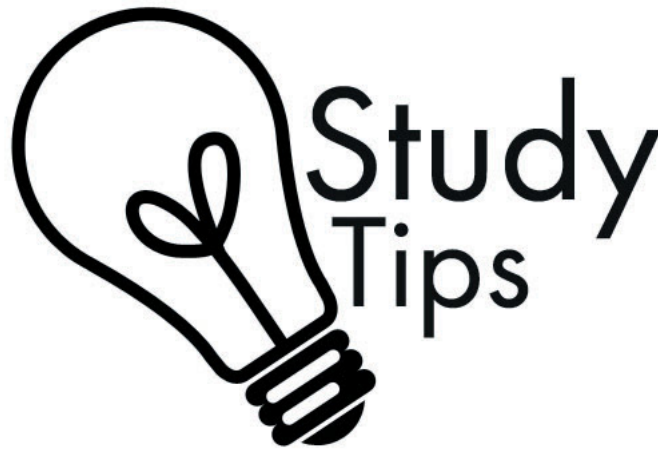
Passcode: 945164

Rita Castanhito, a renowned expert in plant-based nutrition, will be joining us to share her insights into the benefits of a plant-focused diet. With a wealth of experience in nutritional therapy, Rita will explore how practitioners can effectively support their clients in adopting and maintaining a plant-based lifestyle. She will present compelling evidence highlighting the health advantages of such diets, including their role in promoting heart health, enhancing digestive wellness, and supporting overall vitality. Rita will stress the importance of creating tailored meal plans that ensure clients receive a balanced and nutrient-rich diet while addressing their individual health goals and preferences.

The recording of this tea session will be viewable shortly afterwards on the [BANT Student Youtube page](#) where you will also find its counterpart on [The Carnivore Diet](#) presented by Heather Rosa, Dean of ION.

Keep an eye on the [Student Network page](#) for details of upcoming tea sessions and access previous sessions on our [BANT Student Youtube page](#)!

Heather and Sara's Study Tips!



Notes on the use of AI Study Tools

As previously, we reiterate that it's important to remember that the use of such tools is relatively new territory for which there are limited precedents. Whilst these tools might be useful to access potentially relevant research with speed and efficiency, we cannot and must not dispense with the need for our own critical thinking and analysis, and verification of the content.

According to the European Commission's Directorate-General for Research and Innovation, "AI is transforming research, making scientific work more efficient and accelerating discovery. While generative AI tools offer speed and convenience in producing text, images and code, **researchers must also be mindful of the technology's limitations, including plagiarism, revealing sensitive information, or inherent biases in the models.**"

In the context of completing your studies, you must check your own Training Providers' policy on the use of AI tools. As regards the use of AI once qualified, the Practice Governance team is in the process of drawing up guidelines to be included the BANT Practice Handbook, so keep an eye on your inbox and enews issues for updates on this.

Heather Chapman, BANT Student Network Lead, and Sara Jaques, BANT Membership Officer, who are studying for a PhD and an MSc respectively, have been investigating AI tools that may help with their research and share some of their findings here.

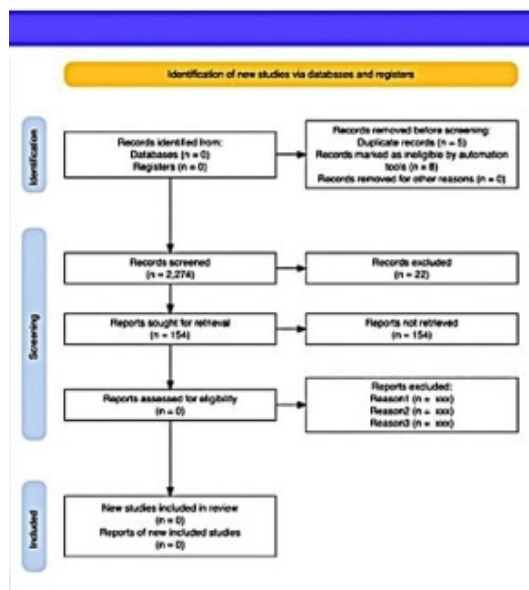
Rayyan Screening Tool - <https://www.rayyan.ai/> (Ouzzani et al., 2016)

Rayyan is an AI-driven screening tool designed to assist researchers in managing and reviewing references for systematic reviews, scoping reviews, meta-analyses, and other literature review projects.

This service operates on a subscription basis, with payment options available on a quarterly or annual schedule, the latter offering a 40% discount. A free basic plan is available, allowing

users to work on up to three active reviews. For professionals, the subscription costs around £6.50/month (billed annually), and includes the following features:

- Unlimited active reviews,
- Collaborator session times,
- Rating filters,
- Simple Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart generation
- Patient/Population, Intervention, Comparison, and Outcome (PICO) tables for structured analysis

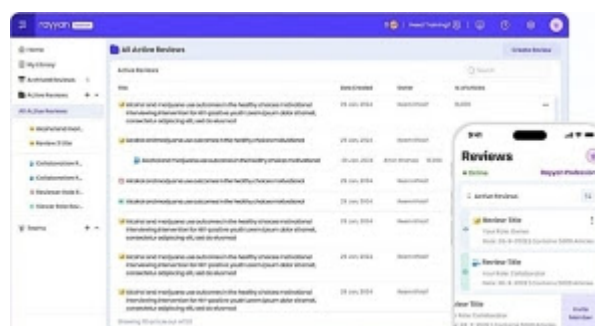


P - Patient, Population, or Problem	What are the most important characteristics of the patient? How would you describe a group of patients similar to yours?
I - Intervention, Exposure, Prognostic Factor	What main intervention, prognostic factor or exposure are you considering? What do you want to do for the patient (prescribe a drug, orders a test, etc.)?
C - Comparison	What is the main alternative to compare with the comparison?
O - Outcome	What do you hope to accomplish, measure, improve or affect?
T - Time Factor, Type of Study (optional)	How would you categorize this question? What would be the best study design to answer this question?

PICO including (PICOT, PICOS, PIOS, etc) is used in biomedical research to ask focused clinical questions for both quantitative and qualitative reviews.

Additional features are:

- Automated duplicate paper resolver
- Mobile app access
- Bulk reference management



Search results can be imported from a range of tools such as Mendeley, Zotero, EndNote and PubMed. Web based and mobile app versions allow for rapid title and abstract screening and a quick full text selection process based on your predefined inclusion and exclusion criteria.

Students can subscribe for around £4.00/month (billed annually), getting access to all features except unlimited reviews and collaborator session times. You can register for a training session on how to use the platform and help is available via the help centre which includes an FAQ section, quick start guides and promoted articles.

#BetterwithBANT



British Association for Nutrition and Lifestyle Medicine (BANT)

BANT 27 Old Gloucester Road London, WC1N 3XX

www.bant.org.uk

Registered in England Number: 3333951

Registered address: 18 Hyde Gardens, Eastbourne, East Sussex, BN21 4PT

The information in this email, and any attachments, is confidential and may be legally privileged. It is intended solely for the addressee. Access to this email, and any attachments, by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution, or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. If you have received this email in error, please notify us immediately (by telephone or by return email) and destroy the message and all copies in your possession.

Please note that **unsubscribing** from this list might mean that you might miss important messages for members. Contact us if you wish to change your preferences.

[Unsubscribe](#)

© 2025 | All rights reserved.