Foreword
What We Can and Should Do

Mediterranean, ketogenic, or intermittent fasting? High fiber, low fiber, sodium restricted, or gluten-free? FODMAP restricted, vegan, low-carb, or DASH? These are just some of the publicized options promulgated for patients with assurance that a specific diet will lead to health, wellness, and even longevity.

Our patients, including those who are well and concerned most about maintaining their health, consume this information. Oftentimes they turn to us, their trusted health care providers, for guidance on what nutritional decisions are in their best interest.

Even more compelling are the questions we face in assisting our patients who have chronic illness. Diabetes, obesity, chronic kidney disease, hypertension, heart failure, and cancer, not to mention frailty, are just some of the important chronic illnesses that require astute nutritional management. How can and should we be advising these patients?

Our Guest Editor for this issue of *Medical Clinics of North America*, David Seres, offers in his accompanying Preface an astute appraisal of the state of knowledge in nutrition today. He is correct. The data do not always provide evidence-based answers for the questions our patients bring to us. But that is not to say the field of nutrition is bereft of sound guidance that we can and should be providing our patients. We can be reasonably certain of the important role nutrition plays in the aforementioned chronic illnesses. Even if all the answers are not available, we still should not ignore our patients’ need for informed advice.

This, then, underscores the value of this remarkable issue of *Medical Clinics of North America*. Dr Seres and his authors provide insightful and comprehensive information and assemble for us the best evidence the field can provide. We all must admit that
nutrition has not always been at the forefront of medical practice. It is time for that to change.

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