



Certified Practicing Nutritionist – Preventative Health Care Role Statement

With a focus on Metabolic Syndrome

Overview

A **Certified Practicing Nutritionist (CPN)** is a tertiary-qualified allied health professional delivering evidence-informed, person-centred nutritional interventions across the preventative health care continuum. With expertise in nutrition as medicine and public health, the CPN plays a fundamental role in addressing modifiable risk factors that drive the nation's burden of disease.

In particular, CPNs are uniquely positioned to support the prevention, management and remediation of conditions linked to insulin resistance and metabolic syndrome, including type 2 diabetes, obesity, hypertension, dyslipidaemia, and non-alcoholic fatty liver disease (NAFLD). As highlighted in the AARPN Parliamentary Submission to the Inquiry into Diabetes in Australia, CPNs deliver precision nutrition strategies that are clinically effective, cost-saving, and essential to addressing Australia's growing chronic disease crisis.

Scope of preventative practice

CPNs deliver preventative health care across primary care, community health, and public health domains. Their work integrates:

- Early identification of risk and emerging disease.
- Evidence-based dietary and lifestyle intervention.
- Evidence-based personalised prescribing of targeted nutritional supplementation.
- Public health nutrition education and promotion.
- Systems navigation and interprofessional collaboration.
- Advocacy for equitable access to nutrition care.
- Evaluation, research translation, and quality improvement in nutritional care.

CPNs approach health through a biopsychosocial lens, applying nutrition as medicine to influence physiological pathways, reduce inflammation, improve insulin sensitivity, and support the remediation of disease.

Key Domains of Preventative Health Practice

1. Identifying risk and addressing metabolic dysfunction

CPNs are trained to identify signs of emerging or established metabolic dysfunction, including:

- Central obesity and waist circumference indicators.
- Elevated fasting glucose and/or insulin resistance.
- Abnormal lipid profiles (e.g., high triglycerides, low HDL).
- Hypertension and endothelial dysfunction.
- Dietary drivers of insulin resistance and chronic low-grade inflammation.

They assess lifestyle and nutritional patterns, detect red flags, and intervene early with evidence-based nutritional approaches to support the prevention, slowing and remediation of metabolic disease.

2. Addressing obesity and improving insulin sensitivity

CPNs apply a non-judgmental, therapeutic approach to obesity care, using person-centred strategies to reduce visceral adiposity and metabolic risk:

- Designing individualised nutrition plans that promote gradual, sustainable weight loss.
- Encouraging dietary patterns known to enhance insulin sensitivity (e.g., Mediterranean, DASH, and low insulin load or low carbohydrate diets).
- Replacing refined carbohydrates and ultra-processed foods with whole, nutrient-dense alternatives.
- Promoting plant-based eating patterns rich in fibre, polyphenols, and healthy fats.
- Addressing disordered eating patterns, food addiction, and emotional eating through behavioural strategies and trauma-informed care.

Weight loss of 5–10% has been shown to significantly improve insulin sensitivity, reduce hepatic fat, and lower the risk of progression from prediabetes to type 2 diabetes. CPNs work to achieve these outcomes while preserving dignity, autonomy, and body diversity.

3. Nutrition as medicine for chronic disease remediation

CPNs use nutrition as a first-line therapy for supporting the remediation of early-stage chronic disease processes, with a view to delaying or reducing the need for medication. This includes:

- Stabilising and/or remediating blood glucose levels in people with prediabetes or T2D.
- Reducing hepatic steatosis in those with NAFLD through low-sugar, high-fibre eating.
- Lowering blood pressure and triglycerides through sodium reduction, omega-3 intake, and potassium-rich foods, plus personalised targeted prescribing of nutritional supplementation when required.
- Improving lipid profiles via soluble fibre, plant sterols, and reduced saturated fat.

- Supporting gut microbiota balance to reduce systemic inflammation and metabolic stress.

These strategies are personalised and continuously refined based on clinical response, with close monitoring and collaboration with the client's medical team when previously engaged or engaged upon referral by the CPN.

4. Preventing and managing type 2 diabetes

In the context of type 2 diabetes, CPNs deliver precision nutrition care aligned with AARPN's position that diet and lifestyle intervention should be integrated as core care. Their work can span:

- Screening and identifying individuals at high risk.
- Delivering targeted nutritional plans to support the remediation of insulin resistance.
- Educating clients on carbohydrate quality, insulin index/load, and food timing.
- Promoting modest weight loss and physical activity as critical intervention pillars.
- Supporting clients already diagnosed with T2D through nutrition as medicine with measurable improvements in HbA1c, fasting insulin, fasting glucose, and overall quality of life.

Greater integration of CPNs into multidisciplinary chronic disease management, enhances the range of care, equity and cost-effectiveness across the health system.

5. Community engagement and Public Health Nutrition

CPNs may extend their preventative focus to the community level, working to address the social determinants of poor metabolic health, including:

- Food insecurity and affordability.
- Poor nutrition literacy.
- Marketing of ultra-processed and obesogenic foods.
- Lack of access to culturally appropriate dietary support.

They can develop and deliver culturally safe group education, community cooking programs, and school or workplace initiatives that empower communities to reduce their collective chronic disease risk.

6. Interprofessional collaboration and systems navigation

CPNs collaborate with GPs, and other allied health professionals to support clients across the care continuum. They can:

- Contribute to shared care plans.
- Refer appropriately for medical or psychological support.
- Assist clients in navigating nutrition care options.
- Advocate for integrated services that include nutrition care by a CPN as standard practice.

7. Strategic advocacy and policy engagement

CPNs advocate for:

- Funding and recognition of their role in chronic disease prevention and care.
 - Public policy that supports nutritious food access and reduces dietary risk.
 - Nutrition education and workforce development initiatives.
 - Inclusion in multidisciplinary chronic disease teams and Medicare-funded models.
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Conclusion

A Certified Practicing Nutritionist is a frontline provider of preventative nutritional based care in the fight against chronic diseases linked to metabolic syndrome. Through targeted, compassionate, and science-based nutrition as medicine approaches, CPNs can improve insulin sensitivity, support the remediation of early disease markers, and facilitate restoration of metabolic balance.

CPNs can play an essential role in reducing Australia's chronic disease burden and building a more resilient, health-literate population. Their integration into preventative health strategies, particularly those addressing the growing diabetes and metabolic syndrome related epidemic is imperative.