NUTRICIA
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METABOLICS

Global Nutricia Metabolics Expert Day

31st March 2026
Nutricia Research Centre
in Utrecht, the Netherlands

4th Global Nutricia Metabolics Expert Day 2026

"From Diagnosis to Empowerment:
Every Step Matters"

PROGRAM

Chair: Professor Elvira Verduci, Department of Pediatrics, Vittore Buzzi Children's Hospital, Milan

08:45-09:00	**Registration**
09:00-09:10	**Welcome and introduction**
09:10-09:35	**The metabolic treatabolome: Don't miss the opportunity to treat!** Professor Clara van Karnebeek, Amsterdam University Medical Centre, Gastroenterology Endocrinology Metabolism
09:35-10:00	**Changes in protein and micronutrient intake during long term sapropterin treatment in children with PKU** Professor Anita MacDonald, Birmingham Children's Hospital
10:00-10:25	**Future of dietary management in PKU** Dr. Alex Pinto, Birmingham Children's Hospital
10:25-10:45	**Panel discussion: IMD Dietary Management: Present Insights, Future Horizons**
10:45-11:00	**Coffee Break**
11:00-11:20	**From diagnosis to long-term management of an IMD. Continued support and education** Associate Professor Burcu Öztürk Hişmi, Division of Inherited Metabolic Diseases, Marmara University School of Medicine, Istanbul
11:20-11:40	**Patient's perspective: From diagnosis to long-term management of an IMD. Continued support and education** Mr. Tobias S. Hagedorn, "ESPKU"
11:40-12:00	**Know & Grow: Helping children and teens to take charge of their IMD** Dr. Sophie Kurstjens, Metabolic Disorders Unit Endocrinology and Gastroenterology Charité, University Medicine Berlin
12:00-12:45	**Lunch**
12:45-13:20	**Long-Chain FAODs: Management and upcoming international guidelines** Professor Daniela Karall, Department of Pediatrics, Medical University of Innsbruck
13:20-13:50	**MSUD after liver transplantation, is it over?** Professor Alberto Burlina, Division of Inherited Metabolic Diseases, Reference Centre Expanded Newborn Screening, University Hospital Padova
13:50-14:20	**HCU in a spotlight, practical exchange** Assistant Professor Hind Alsharhan, Department of Pediatrics, College of Medicine, Kuwait University
14:20-14:50	**How to read an AI paper: Questions every clinician should ask** Professor Hania Szajewska, Department of Pediatrics, Medical University of Warsaw
14:50-15:00	**Closing remarks** Chair
15:00-15:15	**Coffee Break**
15:15-16:45	Parallel sessions, divided in groups: 1) Design kitchen with metabolic chef, ALICIA foundation, Barcelona 2) Guided tour through the Nutricia Research and Innovation Centre

This event is intended for Healthcare professionals and the agenda may be subject to change.

Professor Elvira Verduci

Full Professor of Pediatrics, Department of Health Sciences, University of Milan
Pediatric Unit Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy
Chair of ESPGHAN Childhood Obesity SIG
President of Italian Society of Pediatric Nutrition

Biography

Elvira Verduci is a Pediatrician born in Milan in 1973. She earned her Medical Degree from the School of Medicine at the University of Milan and, in 2003, completed her specialization at the Post-Graduate School of Pediatrics. In 2006, she obtained a Ph.D. in Clinical Nutrition from the University of Milan.

Currently, she is a Full Professor of Pediatrics at the University of Milan and is the Head of the Division of Metabolic Diseases, at the Department of Pediatrics, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milan, Italy.

Since 2002, she has participated in various European Community projects, primarily addressing topics such as metabolic programming and childhood obesity. Since 2022, she has been the Chair of the Special Interest Group on Childhood Obesity of the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN). At the national level, in 2022, she was appointed by the Ministry of Health as a member of the Technical Committee on Nutrition and Animal Health, specifically in the Section for Dietetics and Nutrition. She is also President of the Italian Society of Pediatric Nutrition and is the Coordinator of the "Microbiota and Inherited Metabolic Diseases" working group of the Italian Society for the Study of Hereditary Metabolic Diseases and Neonatal Screening.

Total number of publications in peer-review journals: 314 publications, 9465 citations. H-Index: 50.

Professor Clara van Karnebeek,
Amsterdam University Medical Centre, Gastroenterology Endocrinology Metabolism

Biography

Clara van Karnebeek is Director of the Emma Personalized Medicine Center and principal investigator at Amsterdam UMC, The Netherlands, and is affiliated with the University of British Columbia in Vancouver, Canada. She is a pediatrician and biochemical geneticist focusing on early diagnosis and innovative treatment of neurometabolic diseases using a P4-medicine approach.

Her international research team integrates genomics and metabolomics to identify causes of degenerative brain disorders in children and adults, leading to discovery of novel genetic conditions and therapeutic targets through animal and human model systems. These insights are translated into patient care via experimental therapies and clinical trials with personalized outcomes. A key goal is transforming new knowledge into expanded newborn screening and actionable information for patients and families, supported by digital health applications. She has obtained numerous prestigious research grants as principal or co-principal investigator, totaling over €30 million.

She is Director of United for Metabolic Diseases, a Dutch consortium uniting all six academic metabolic centers and patient organizations. She founded the Jeroen Pit Huis, an innovative transmural care model for children with medical complexities and leads the Emma Pediatric Palliative Care team. She has published over 285 peer-reviewed articles, contributes to clinical guidelines and textbooks, serves on editorial boards, and is a dedicated mentor. For her contributions to science and society, she has received multiple honors, including knighthood in the Order of Orange Nassau.

Abstract: *Nutritional Therapies for IEMs: Insights & Opportunities from the Metabolic Treatabolome*

Inborn errors of metabolism (IEMs) comprise a rapidly expanding group of rare diseases. Insights from the metabolic treatabolome show that dietary interventions—including substrate restriction, targeted supplementation, and cofactor therapy—are central and often first-line treatments, particularly in disorders of intermediary metabolism. Although formal evidence is frequently low to moderate, these interventions can be highly disease modifying when initiated early, preventing metabolic decompensation and improving neurodevelopmental outcomes.

This keynote lecture provides an overview of nutritional therapies across treatable IEMs, structured by therapeutic mechanism, disease group, and clinical impact, and discusses their role within precision medicine for rare metabolic diseases. It highlights the IEMbase/metabolic treatabolome as a key resource enabling clinicians to identify evidence-based, actionable treatments at diagnosis.

As a focused example, pyridoxine-dependent epilepsy (PDE) will be discussed as a prototypical treatable metabolic encephalopathy. While seizures respond to vitamin B6 supplementation, adjunct nutritional strategies—such as lysine-restricted diets and arginine supplementation—have demonstrated additional biochemical and clinical benefits. This work aligns with the mission of United for Metabolic Diseases & Metakids to ensure that by 2035, at least 50% of patients with IEMs have access to effective treatments, highlighting the central role of nutrition-based interventions and opportunities to accelerate implementation and improve outcomes.

Professor Anita MacDonald

Birmingham Children's Hospital

Biography

Dr Anita MacDonald OBE is Consultant Dietitian in Inherited Metabolic Disorders at Birmingham Children's Hospital, and an Honorary Professor in Dietetics at Plymouth University, UK. Although she semi-retired 9 years ago, she is even more involved in PKU work, concentrating solely on this group as well as doing some voluntary work for the National Society for PKU (NSPKU).

Her involvement in inherited metabolic disorders (IMD) has spanned over 5 decades. Dr MacDonald obtained her PhD in phenylketonuria (PKU) in 1999. She has directly cared for over 500 patients with PKU. She has always been actively involved in PKU research, supervises PhD students, Master students and lectures worldwide on PKU. She has over 500 publications – many are research publications on PKU. She is a member of the European PKU Guidelines group, is a member of ESPKU Scientific Advisory Committee, and member of the UK NSPKU Medical Advisory Panel and Scientific Advisory Committee.

Abstract: *Changes in protein and micronutrient intake during long-term sapropterin treatment in children with PKU*

Sapropterin dihydrochloride increases natural protein tolerance in responsive patients with phenylketonuria (PKU) but its long term impact on protein substitute (PS) use and micronutrient adequacy is uncertain. This study evaluated protein and micronutrient intake in children with PKU after two years of sapropterin treatment.

In a prospective study, dietary records from 19 sapropterin responsive children with PKU and 2 with DHPR deficiency (mean age 10.1±4.2 years; 57% male) were analysed after 2 years of sapropterin treatment. Actual total protein intake, natural protein intake, protein equivalent from substitutes, and daily intakes of calcium, iron, zinc, vitamin D, and vitamin B12 were assessed and compared with UK Dietary Reference Values (DRVs). Nutrient intakes from non vitamin and mineral supplements were excluded.

Mean total protein intake was 74.8±14.2g/day (1.8±0.8g/kg/day), comprising 30.1±15.5 g/day from natural protein and 44.6±21.2 g/day from PS. Four children consumed >40g/day natural protein. Overall protein equivalent from PS decreased by 25%. Although two children discontinued substitutes, this was clinically recommended for just one. Median micronutrient intakes exceeded 100% DRVs for all nutrients, with PS providing the majority of calcium (83%), iron (81%), zinc (87%), vitamin D (96%), and vitamin B12 (71%). Despite adequate group medians, four children demonstrated micronutrient insufficiency, particularly among those consuming >40g/day natural protein without PS. Deficits were most marked for calcium (46–51% DRV), zinc (4–41% DRV), and vitamin D (4–60% DRV). The 2 children without PS were prescribed vitamin D supplements.

After two years of sapropterin treatment, most children maintained adequate protein and micronutrient intake; however, PS remained essential for micronutrient sufficiency. Children who discontinued substitutes were at risk of calcium, zinc, and vitamin D insufficiency and required targeted supplementation. Continued dietetic monitoring is critical to ensure nutritional adequacy as natural protein intake increases.

Dr. Alex Pinto,
Birmingham Children's Hospital

Biography

Alex Pinto is an IMD dietitian from Birmingham Children's Hospital. He has been working as a Researcher in IMD since 2016 and also started to work part-time clinically in 2023. He completed his PhD in PKU about Factors affecting metabolic control in PKU in 2025. The data presented today about The effects of casein glycomacropeptide on general health status in children with PKU was also part of his PhD thesis.

Abstract: *Future of dietary management in PKU*

Twelve children with PKU participated in a randomized/crossover trial comparing phenylalanine-free amino acids (AA) vs GMP as the single source of protein substitute for 12-weeks in each arm was conducted. GMP improved the following GI symptoms: stomach pain ($p = 0.003$), heartburn and reflux ($p = 0.041$) wind and bloating ($p = 0.018$). With GMP, there was also a trend for less constipation ($p = 0.068$), discomfort with eating ($p = 0.065$) and nausea and vomiting ($p = 0.087$). There were no changes on stool gut health markers (IgA, short chain fatty acids and fecal calprotectin). There were no statistically significant differences for renal, oxidative stress, inflammatory and gut health markers or measures of satiety except for adiponectin ($p = 0.028$) and total antioxidant capacity ($p = 0.049$), although the latter was possibly without clinical significance. Mean dried blood spot phenylalanine (Phe) was 114 µmol/L higher with GMP vs AA ($p < 0.001$). There was no difference in tyrosine levels. In conclusion, GI symptoms statistically significantly improved with GMP versus AA. The Phe content of GMP may present challenges when it is used as the only protein substitute in children with classical PKU with low Phe tolerance.

Associate Professor Burcu Öztürk Hişmi,
Division of Inherited Metabolic Diseases, Marmara University School of Medicine, Istanbul

Biography

Burcu Öztürk-Hişmi is a pediatrician, metabolic physician, and founding head of the Division of Pediatric Metabolic Diseases at Marmara University School of Medicine, Istanbul. Her main areas of interest are phenylketonuria, homocystinuria, urea cycle defects, other small-molecule diseases, and mucopolysaccharidoses. Most recently, she earned a Master of Science in Neurometabolism and Cell Biology for Clinicians from the University of Barcelona in 2024. Combining over two decades of clinical expertise with a focus on psychosocial adaptation, Dr. Öztürk-Hişmi is dedicated to improving long-term clinical outcomes by empowering patients and families to navigate the challenges of metabolic diagnoses.

Abstract: *From diagnosis to long-term management of an IMD: Continued support and education*

Living with an inherited metabolic disorder is a lifelong experience that extends far beyond medical treatment. After diagnosis, patients and families must integrate complex dietary regimens, continuous monitoring, and the constant fear of metabolic crises into everyday life. The way this journey is supported by healthcare professionals and healthcare systems plays a decisive role in long-term outcomes. This lecture presents the clinician's perspective on long-term management of inherited metabolic disorders, emphasizing the importance of continuous education, accessible patient services, and sustained family engagement. Drawing on real-life clinical experience, it explores how structured support and individualized communication empower patients and families, leading to improved adherence, reduced anxiety, and greater confidence in daily disease management.

By focusing on shared responsibilities and long-term partnerships between patients, families, and healthcare professionals, the lecture aims to build a conceptual bridge toward the patient perspective. It provides a clinical context that complements the subsequent patient narrative, highlighting how medical care and lived experience together shape meaningful, sustainable long-term outcomes.

Mr. Tobias S. Hagedorn

Secretary of the European Society for Phenylketonuria and Allied Disorders

Biography

Tobias S. Hagedorn is a dedicated patient advocate with nearly 30 years of experience in the field of Phenylketonuria (PKU) and allied inherited metabolic disorders. Since 2022, he serves as full time Director of the German PKU Patients Organisation DIG PKU, following over 25 years of volunteer leadership on both national and international levels. His extensive international engagement includes serving as voluntary Secretary of the European Society for Phenylketonuria (ESPKU) since 2001 and as a Co-Founder and Executive Committee member of the Global Association for Phenylketonuria (GAP) since 2019.

His work covers a broad spectrum, with a particular focus on advocacy, equitable access to state-of-the-art care for patients of all ages, and a responsible evolution of newborn screening. Mr. Hagedorn is committed to highlighting unmet needs within the community, ranging from the psychological impact of diagnosis on family systems to the challenges of aging with the condition.

As a strong proponent of bridging the gap between science and the patient experience, he actively represents the community in various research projects – a role he describes as "lobbying in laboratories". He was recently appointed to the advisory board of the German Genome Medicine Initiative (genomDE) for the pilot on genome sequencing in rare diseases. As an author and co-author, he has contributed to several key publications, notably on minimum standards of PKU care and genomic newborn screening frameworks.

His expertise as a professional patients' representative is deeply rooted in personal experience: He is married to a PKU patient and a proud father of two grown-up children.

Abstract: *Beyond the Diet – Redefining Care and Collaboration in the PKU Journey*

For decades, managing Phenylketonuria (PKU) was synonymous with a strict dietary regimen. Today, as innovative pharmaceutical therapies emerge, the landscape is shifting – not toward competition between pharmaceutical companies and medical nutrition, but toward a necessary synergy. In his presentation, Tobias S. Hagedorn explores the unmet medical and therapeutic needs of the PKU community from a holistic patient perspective, tracing the journey from initial diagnosis to lifelong management.

Central to this discussion is debunking the "pediatric myth": PKU is not a childhood condition, and the challenges of adult care and aging remain critical gaps in current research and practice. Furthermore, Hagedorn advocates for a systemic shift in how we perceive caregivers. Families should no longer be viewed merely as an "extended workbench" for clinical compliance; they must be recognised as "secondary patients" with their own distinct support needs.

Ultimately, the presentation highlights why a modern, evolving nutritional therapy remains an indispensable anchor for the patients' community. By fostering true collaboration between research, industry, and patient organisations, we can ensure that science translates into real-world quality of life – bringing innovation and state of the art care directly into the patients' living rooms.

Dr. Sophie Kurstjens

Metabolic Disorders Unit Endocrinology and Gastroenterology Charité, University Medicine Berlin

Biography

Since June 2016, Dr. Sophie Kurstjens has been a psychologist at Charité Berlin Social Pediatrics. She provides psychological support and counseling for chronically ill children and their families, with a particular focus on the Department of Metabolic Diseases, Endocrinology and Gastroenterology. In this role, she designs and implements psychosocial treatment concepts for metabolic diseases and conducts comprehensive diagnostics for learning, developmental, and attention deficit disorders.

A key achievement is the "Know & Grow" educational program, which was developed in collaboration with the SRH University of Popular Arts (Communication Design, Motion Design & Interaction Design). The project creates a self-management and empowerment curriculum for children and adolescents with rare chronic metabolic diseases, combining evidence-based therapy with interactive, design-oriented learning tools to improve health literacy and promote autonomous disease management.

Abstract: *Know & Grow: Helping children and teens to take charge of their IMD*

Children and adolescents living with rare chronic metabolic disorders face complex challenges in everyday life and medical care. The Know & Grow initiative, established in 2022 through a collaboration between Charité – Universitätsmedizin Berlin, SRH University of Applied Sciences Heidelberg (Campus Berlin), and patient advocacies aims to support young patients and their families through evidence-based educational materials.

The project focuses on age-appropriate education that helps children understand their condition, manage daily life, and actively participate in their healthcare. By promoting knowledge, self-management, and empowerment, the initiative seeks to strengthen autonomy, reduce anxiety, and improve long-term health outcomes.

Professor Daniela Karall

Department of Pediatrics, Medical University of Innsbruck

Biography

Daniela Karall is a pediatrician, neonatologist, neuropediatrician, with specialization in inherited metabolic diseases, working since 1991 at the Medical University of Innsbruck, Clinic for Pediatrics, Division for Inherited Metabolic Diseases in Innsbruck, Austria. This centre is a member of the European Reference Network for Rare Inherited Metabolic Disorders (metabERN).
During the last decades, she has diagnosed and treated first pediatric, later also adult, patients with inherited metabolic disorders.
She is nationally and internationally connected, currently president of the Austrian Society for Pediatric and Adolescent Medicine, and SSIEM corresponding member for Austria. Since 2006 she is IBCLC (International Board of Lactation Consultants) certified.
She is head of the metabolic service at the Medical University of Innsbruck, Clinic for Pediatrics.

Abstract: *Long-Chain FAODs: Management and Upcoming International guidelines*

The management of long chain FAOD, mainly LCHADD/MTP and VLCADD, requires a dietary intervention to avoid catabolism which includes modification of fat intake. This has traditionally included the use of foods for special medical purpose reduced in LCT and mainly containing MCT as well as MCT-oil. Another aspect of therapy is addressed since the launch of triheptanoin, an anaplerotic odd-chain MCT.
The lecture will discuss the role of dietary management in long chain FAODs, alongside other management strategies. Patient cases will be presented for that purpose, alongside with sharing the local experience and the upcoming International guidelines on the diagnosis, treatment, and monitoring of long-chain fatty acid oxidation disorders (LC-FAOD).

Professor Alberto Burlina

Division of Inborn Errors of Metabolism, University Hospital of Padova, Italy

Biography

Alberto Burlina is Professor of Pediatrics at the University of Padova and formerly served (2015–2025) as Head of the Division of Inborn Errors of Metabolism at the University Hospital of Padova. He earned his Medical Degree from the University of Padova and holds National Board Certification in Pediatrics.

Following his training, he completed a Clinical Research Fellowship in the Department of Clinical Chemistry at the Hospital for Sick Children in Toronto, Canada, before returning to Italy to join the Metabolic Unit of the Department of Pediatrics in Padova.

Prof. Burlina has authored more than 100 scientific publications and book chapters. His research focuses on the clinical and biochemical characterization of inborn errors of intermediary metabolism, adult metabolic diseases, and the application of tandem mass spectrometry in diagnosis. Key contributions include identifying novel inborn errors of metabolism, defining the biochemical role of orotic acid and orotidine in ornithine transcarbamylase deficiency, pioneering hepatocyte transplantation approaches, and advancing knowledge of neurotransmitter alterations in amino acid disorders.

He currently serves as Director of the North East Italy Expanded Neonatal Screening Program and leads a pilot initiative in lysosomal disorder screening. Prof. Burlina is also Senior Researcher at the University of Padua, Consultant to the Division of Inborn Errors of Metabolism, Director of the Regional Screening Service, and a member of the National Screening Committee of the Istituto Superiore di Sanità in Rome.

Abstract: *MSUD after Liver transplantation, is it over?*

MSUD is a rare aminoacidopathy caused by BCKDH deficiency, resulting in toxic accumulation of branched-chain amino acids and rapid neurological deterioration during metabolic decompensation. Management requires restriction of natural protein intake and supplementation with BCAA-free amino acids as a source of protein, energy, and micronutrients.

In MSUD, post liver transplant BCAA's are soon stabilised, enabling the diet to be liberalised. It is reported protein intake is relaxed from <0.5 to >1.5g/kg post-transplant and leucine intake increasing from 15 to 350 mg/kg, without metabolic destabilisation.

We report our group of 11 MSUD patients, liver transplant was found to be effective in liberalizing dietary restrictions, achieving good plasma-BCAA-control even with high protein intakes. However, nutritional adequacy was poor post-transplant: Energy and micronutrient deficits were observed, and so micronutrient supplementation was advocated. In some patient poor growth occurred post-transplant. A possible cause of dietary inadequacy could be the immediate cessation of BCAA-free protein substitutes post-transplant, which provided at least 150% of the protein supply recommended for healthy children to avoid potential metabolic derangements. BCAA-free protein substitutes also supply energy and micronutrient, therefore a sudden interruption of this nutritional source, without time to establish a normal diet, could lead to insufficient micronutrients supply.

Assistant Professor Hind Alsharhan

Department of Pediatrics, College of Medicine, Kuwait University

Biography

Hind Alsharhan is a pediatrician, Clinical and Biochemical Geneticist and serves as an Assistant Professor of Pediatrics in the Pediatric Department, College of Medicine at Kuwait University, Kuwait. She is also a Consultant in Genetics and Metabolism at Farwaniya Hospital and the Kuwait Medical Genetics Center, both under the Ministry of Health, Kuwait. In addition, she holds the position of Adjunct Assistant Professor of Genetic Medicine at the Johns Hopkins University School of Medicine, Maryland, USA.

She is board certified by the American Board of Pediatrics (ABP) and the American Board of Medical Genetics and Genomics (ABMG) in Medical Genetics and Genomics, Medical Biochemical Genetics, and Clinical Biochemical Genetics.

Her postgraduate training includes a Medical Genetics Fellowship at Johns Hopkins University, Maryland, USA, as well as Medical Biochemical Genetics and Clinical Biochemical Genetics Fellowships at the Children's Hospital of Philadelphia (CHOP), Pennsylvania, USA. She completed her pediatric residency training at the Kuwait Institution of Medical Specializations (KIMS), Kuwait, and at Miami Children's Hospital, Florida, USA. She earned her Bachelor of Medicine and Surgery with Honors from the Faculty of Medicine, Kuwait University.

Abstract: *HCU in a Spotlight: Practical Exchange*

Cystathionine beta-synthase (CBS) deficiency is a rare metabolic disorder requiring lifelong management to prevent serious complications. In B6-nonresponsive patients, dietary treatment with methionine restriction and protein substitutes remains central to metabolic control.

This lecture will share practical clinical experience in managing HCU, including patients identified through newborn screening and those diagnosed later in life. The session will discuss the consequences of being off-diet, the clinical benefits of maintaining dietary treatment, and real-world strategies to support long-term adherence. Emphasis will be placed on common challenges faced by healthcare teams and practical approaches to improving patient compliance and outcomes.

Professor Hania Szajewska

Department of Pediatrics,
Medical University of Warsaw

Biography

Professor and Chair of Pediatrics at the Medical University of Warsaw, she serves on the Board of the International Association for Probiotics and Prebiotics (ISAPP). Former roles include Editor-in-Chief of the Journal of Pediatric Gastroenterology and Nutrition, ESPGHAN General Secretary, Nutrition Committee Secretary, and AI Task Force Chair. Her research addresses gut microbiota modulation, pediatric nutrition, and early dietary interventions affecting long-term outcomes, especially food allergy. Active in EU and projects, she promotes evidence-based medicine. Author of 430+ PubMed-indexed papers and 30+ book chapters, she has over 26,400 citations, H-index 86, and ranks among the world's top 2% cited researchers.

Abstract: *How to read an AI paper: Questions every clinician should ask*

The number of medical papers mentioning artificial intelligence (AI) is rapidly increasing, making it harder for clinicians to judge which studies are reliable and useful in practice. Like any clinical study, AI research needs to be assessed by asking the right questions before results can be trusted, especially since most published AI models never become part of routine care.

This session presents AI research from a clinician's perspective, focusing on questions physicians, not data scientists or engineers, can realistically answer when reading a paper. Instead of discussing algorithms, the presentation shows how to judge whether a study addresses a real clinical problem, uses appropriate data, applies sound methods, and reports results clearly. Common warning signs in AI studies will also be discussed, helping clinicians recognize when results may be misleading or not applicable to their own patients.

Design Kitchen Experience

David Gil Julià:
Chef. Collaborating on the project as a special guest, bringing his background and experience. He currently works in the field of gastronomy and the restaurant industry, but he was previously part of the Alícia team, where he participated in numerous projects on culinary innovation applied to health.

Fabiola Juárez Muriel:
Food Industry Engineer and Dietitian-Nutritionist. She has been working at the Alícia Foundation for more than ten years as a project manager in culinary research and innovation, focusing on health, the promotion of healthy eating habits, dietary restrictions, and product development.

Alícia Foundation (Food and Science), founded in 2003 with the support of top chefs and scientists, is the first centre for research, development, and innovation in cuisine, made up of a multidisciplinary team of nutritionists, biologists, food technologists, agricultural engineers, chemists, and anthropologists who work alongside food experts and chefs to create practical solutions that help people to manage their diet in an appropriate, healthy, sustainable, and pleasurable way.

Alícia combines culinary creativity, scientific rigour, and design thinking tools with a spirit of open innovation to work on projects that focus on well-defined and measurable goals to improve food and diets. Our activities are organized in two main areas (health and territory) of transversal knowledge, all closely interconnected and absolutely complementary. These lines of knowledge are applied to all projects and services developed.

After almost 20 years developing and transferring rigorous knowledge to prevent, help cure and accompany more than fifty different diseases, situations or groups, Alícia is today the leading international benchmark in culinary medicine. In addition, the Alícia Foundation develops projects to support food producers and rural areas, collectives, catering, and sustainable tourism, innovates with industry and research food heritage with historians and archaeologists.

The workshop aims to provide culinary strategies for healthcare professionals, enabling them to deliver more effective therapeutic education to their patients. Through practical culinary approaches, participants will learn how to help patients incorporate nutritional supplements into their daily routines in a simple and practical way, enhancing their acceptance and thereby improving adherence to a complex diet.

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