



dsm-firmenich at ESPEN 2022: Breaking the cycle of malnutrition and hospitalization

Executive summary:

dsm-firmenich's symposium at the ESPEN 2022 Conference in Vienna brought together four leading scientists to share fresh perspectives on the role of nutritional care in breaking the cycle of malnutrition and hospital admissions. Read on for key takeaways from the expert-led panel and discover how a more holistic approach to nutritional care supports patient wellbeing.



Malnutrition: Prevalence and risks

Malnutrition is present in many patients admitted to hospital. However, nutritional therapy can help close this gap and support treatment efficacy, improving patient outcomes and quality of life.

Effective malnutrition management requires a longterm approach. Not all patients receive nutritional care during hospitalization; however, nutritional care also tends to discontinue once patients are discharged. This can lead to a higher incidence of health complications ranging from impeded wound healing to a greater risk of infections and falls,¹ as well as poorer quality of life, increased healthcare costs and a higher likelihood of rehospitalization.²

Speakers at dsm-firmenich's
ESPEN 2022 symposium included:

Matthias Pirlich
Evangelische Klinik, Berlin, Germany

Marcel Smeets
European Aging Network, Luxembourg

Henrik Rasmussen
Mental Health Centre Sct Hans, Roskilde,
Denmark

Maurizio Muscaritoli
Sapienza University of Rome, Italy

dsm-firmenich's symposium touched on the high prevalence of hospital malnutrition, which impacts between 20% and 50% of patients worldwide.³ Risk factors include age (over 60 years), polymorbidity, living alone, smoking and other lifestyle considerations.^{4,5} Muscle loss from hospital malnutrition is often not recovered in those who remain malnourished. Furthermore, disease-related malnutrition is a risk factor for increased vulnerability to conditions such as sarcopenia, frailty, disability and mortality.^{6,7} Correcting malnutrition early can help reduce hospital stays and the risk of complications, ultimately lowering the potential for re-admission.



Integrating nutrition into the continuum of care

The symposium provided insights into new opportunities for more holistic nutritional treatment approaches to break the vicious cycle of malnutrition, frailty and hospitalization. The experts emphasized the importance of crosssectoral coordination among various stakeholders in the healthcare system including primary care providers, GPs and hospital staff to effectively provide consistent nutritional intervention along the patient journey both in and out of hospital.

From the diagnosis to post-discharge phases, healthcare professionals can take various approaches to help tackle malnutrition and improve patient outcomes. Components of continuous nutritional care in the community include early detection with different screening tools using phenotypic and etiologic criteria such as nonvolitional weight loss and reduced food intake.⁸ Another element is a more comprehensive discharge communications framework for at-risk patients that covers nutrition plans, feeding modes and more.⁹



Fighting malnutrition together

Adequate nutrition is a matter of both health and social care. The panel also discussed the role of policy and advocacy, exploring platforms to promote the right to nutritional care on both a European and global level, such as the European Care Strategy and European Parliamentary Alliance Against Hunger and Malnutrition. In addition, the panel highlighted the potential to raise awareness of the importance of nutritional care at events such as Malnutrition Awareness Week and Nutrition Day.

During the conference, ASPEN, ESPEN, FELANPE and PENZA all signed the International Declaration on Human Right to Nutritional Care.¹⁰ The **Vienna declaration** sets out a shared vision and core principles for the right of all patients with diseaserelated malnutrition to proper nutritional care. While not legally binding, it represents an important step forward in recognizing nutritional care as an international human right.

Discover industry-leading nutritional insights and solutions

dsm-firmenich is committed to advancing research and innovation in specialized nutrition solutions for patients and the elderly. Connect with us to explore how our extensive portfolio of products, customized solutions and expert services can help you support the nutritional needs of patients globally.

Get in touch

References

1) Norman et al. (2021). Malnutrition in Older Adults—Recent Advances and Remaining Challenges. *Nutrients*, 13(8): 2764. <https://doi.org/10.3390/nut13082764> 2) Schuetz et al. (2021). Cost savings associated with nutritional support in medical inpatients: an economic model based on data from a systematic review of randomised trials. *BMJ open*, 11(7), e046402. <https://doi.org/10.1136/bmjopen-2020-046402> 3) Norman et al. (2008). Prognostic impact of disease-related malnutrition. *Clinical nutrition (Edinburgh, Scotland)*, 27(1), 5–15. <https://doi.org/10.1016/j.clnu.2007.10.007> 4) Pirlich et al. (2006). The German hospital malnutrition study. *Clinical Nutrition*, 25(4), 563–572. <https://doi.org/10.1016/j.clnu.2006.03.005> 5) Pirlich et al. (2005). Social risk factors for hospital malnutrition. *Nutrition (Burbank, Los Angeles County, Calif.)*, 21(3), 295–300. <https://doi.org/10.1016/j.nut.2004.06.023> 6) Meyer et al. (2019). Disease-Related Malnutrition and Sarcopenia as Determinants of Clinical Outcome. *Visceral medicine*, 35(5), 282–291. <https://doi.org/10.1159/000502867> 7) Yeung et al. (2020). Malnutrition According to GLIM Criteria and Adverse Outcomes in Community-Dwelling Chinese Older Adults: A Prospective Analysis. *JAMDA*, 22(9): 1953–1959. <https://doi.org/10.1016/j.jamda.2020.09.029> 8) Cederholm et al. (2019). GLIM criteria for the diagnosis of malnutrition – A consensus report from the global clinical nutrition community. *Clinical nutrition (Edinburgh, Scotland)*, 38(1), 1–9. <https://doi.org/10.1016/j.clnu.2018.08.002> 9) Mikkelsen et al. (2022). Healthcare professionals' experiences with practice for managing diseaserelated malnutrition in general practice and proposals for improvement: A qualitative study. *Scand J Caring Sci*, 36(3): 717–729. <https://doi.org/10.1111/scs.13033> 10) ASPEN (American Society of Parenteral and Enteral Nutrition/Academy of Nutrition and Dietetics), ESPEN (European Society for Clinical Nutrition and Metabolism), FELANPE (Federation of Parenteral and Enteral Nutrition), PENZA (Parenteral and Enteral Society of Asia).