Prescribers Survey Report
March 2023

Disease-related malnutrition illuminated:

Discover the attitudes and behaviors of healthcare professionals towards screening and management

dsm-firmenich

Getting the right nutrition in a timely manner is critical to championing the health of patients and promoting their recovery and quality of life.

Survey summary

Total participants: 949

Targets: oncologists, endocrinologists, neurologists, GPs, primary care, family doctors, internal medicine, dieticians

Focus therapeutic areas: oncology, diabetes, cognitive impairment

Geographical scope: Brazil, France, Germany, US, Japan, Thailand

Timeframe: Q2 2022

Method: data collected online

Around 1 in 5 patients managed by the surveyed participating healthcare professionals suffer from nutrient deficits or disease-related malnutrition

Only 1 in 3 patients with disease-related malnutrition were prescribed medical nutrition solutions as part of their care

n=918 respondents who perform screening.

To support those at high risk of disease-related malnutrition and facilitate improved holistic care, medical nutrition is fundamental. However, there remain significant barriers when it comes to incorporating medical nutrition products into standard treatment plans.

Improving the accessibility of medical nutrition starts with healthcare professionals – a key pillar in patient care who are responsible for malnutrition screening and the prescription of specialized nutrition solutions. To explore barriers to providing the best nutritional care to patients – and illuminate potential solutions – dsm-firmenich initiated a global survey assessing the attitudes and behaviors of healthcare professionals towards the screening and management of disease-related malnutrition.

dsm-firmenich's attitudes and behaviors survey was conducted by Ipsos – a global leader in market research that turns relevant insights into actionable truths; helping its partners to act faster, smarter and bolder.

What will I learn from this report?

- Unique insights to inform and shape your medical nutrition developments.
- Learnings about the behaviors, attitudes and perceptions of healthcare professionals towards the screening and management of disease-related malnutrition:
  - Identify the barriers to effective nutritional screening and prescription – and thus optimal care of patients
  - Discover key factors influencing medical nutrition prescription
  - Uncover how to facilitate better screening and nutritional management
- dsm-firmenich's expert recommendations for the direction of medical nutrition innovation and the launch of future solutions.

Get started

Top 5 insights

1. 46% of participating healthcare professionals routinely screen their patients for malnutrition

Overall, the healthcare professionals surveyed are aware of the importance of addressing diet and nutritional status in patients – but think that only a minority of patients need or would benefit from a branded medical nutrition product. Accordingly, less than 50% routinely screen for malnutrition.

Current attitudes towards medical nutrition solutions

There is an opportunity to bring new products to the medical nutrition market targeted towards patients in high-need. However, the research indicated multiple factors impacting a healthcare professional's decision to screen for disease-related malnutrition or recommend products to patients.

- Skepticism due to perceived 'lack of clinical evidence'
- Undervalued responsibility ('not my role')
- Limited time or resources
- Crowded marketplace – confusion about which brand to choose
- Difficulty understanding product attributes.

Who are healthcare professionals most likely to screen?

At an overall level, participating healthcare professionals agreed that the top four patient populations considered 'prime candidates' for disease-related malnutrition screening (out of a list of 13 patient groups) include those with the following conditions:

- Cancer
- Multiple metabolic comorbidities
- Weight loss / appetite loss
- Gut absorption issues

Elderly people living independently, individuals with pulmonary disease, hospitalized patients and those with mobility issues are considered the least relevant for screening. Although the prevalence and risk of malnutrition is higher in some patients (like those with cancer), it is important that all patients are screened on admission to a hospital or care home.

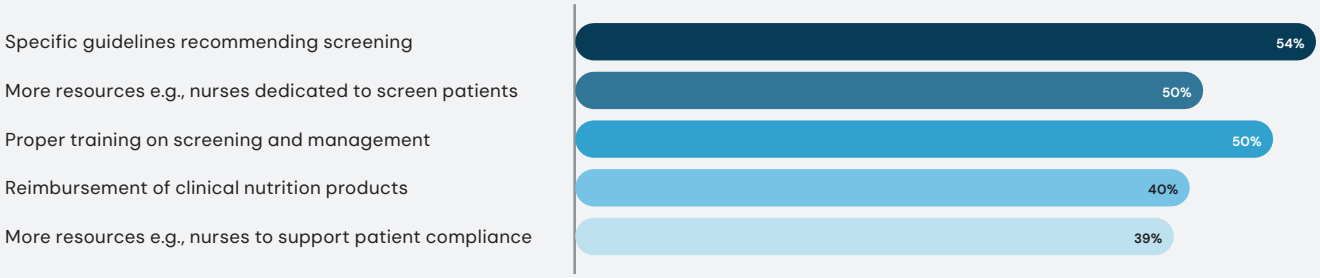
Top barriers to screening specifically

Major barriers to screening for disease-related malnutrition included lack of time and dedicated staff, information and training.

Q05: What are the reasons for not screening patients for disease-related malnutrition?
Base: n=509 respondents who do not perform screening or screen only in selected cases.
Source: Ipsos research conducted for dsm-firmenich

What do participating healthcare professionals need to support them?

Lack of resources is easily the top barrier when it comes to screening for malnutrition, but when asked what would support them, healthcare professionals would value specific guidelines the most, followed by more resources and formal training. This finding is interesting since guidelines and training already exist (including MUST1 and GLIM2) – highlighting the need for education and better awareness of what is available.



Q06 What would convince you to screen all patients for disease-related malnutrition?
Base: n=509 respondents who do not perform screening or screen only in selected cases.
Source: Ipsos research conducted for dsm-firmenich

Credible guidelines for disease-related malnutrition screening

MUST (Malnutrition Universal Screening Tool):

Five-step screening tool that helps to identify adults who are malnourished, at risk of malnutrition or obese.

GLIM (Global Leadership Initiative on Malnutrition):

Based on three phenotypic criteria expressing malnutrition (significant weight loss, low body mass index and reduced muscle mass) and two etiologic criteria (reduced food intake or its absorption and inflammation).

2. Despite 54% of surveyed healthcare professionals saying they would benefit from specific guidelines, almost 40% do not follow guidelines at all

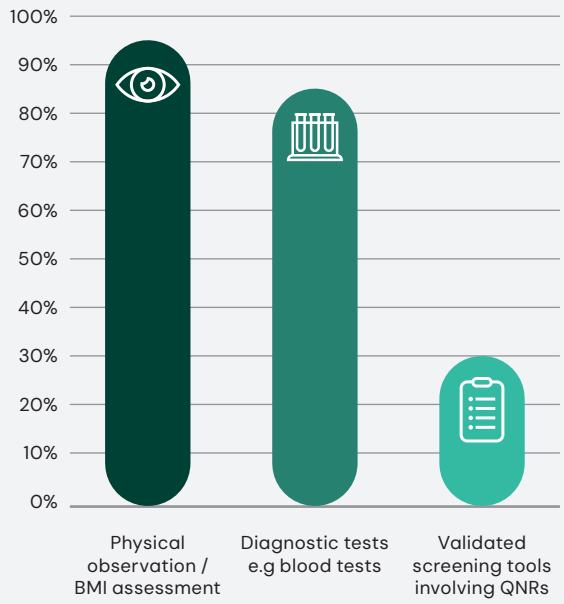
The number of healthcare professionals that referred to guidelines for the screening and management of diseaserelated malnutrition in patients was lowest in the US (51%), France (53%) and Germany (54%). Guideline was is more common in Brazil (64%), Japan (71%) and Thailand (86%).

With the exception of those in Brazil and Thailand (who frequently use ESPEN and ASPEN recommendations), responding physicians tend to apply local guidelines. This is an important consideration when communicating with healthcare professionals in different regions.

Application of guidelines also varied across physician specialties. Endocrinologists and dieticians were the most likely to follow specific guidelines when screening and supporting malnourished patients; however, the majority of neurologists and around 50% of GPs stated they do not follow recommendations at all.

Routine screening for malnutrition using validated tools is not widespread

The research indicated that many healthcare professionals rely on visual or general assessments, or their nutritional team for support. Of the respondents who perform screening, 95% rely on simple observations, 85% on diagnostic tests and only 30% apply proven screening approaches.



Q03: In general, how do you screen for disease-related malnutrition?
n=918 respondents who perform screening.
Source: Ipsos research conducted for dsm-firmenich

ESPEN (European Society for Clinical Nutrition and Metabolism)

Aims to provide evidence-based recommendations regarding diets needed in hospitals, rehabilitations centers and nursing homes for specific indications.

ASPEN (American Society of Parenteral and Enteral Nutrition)

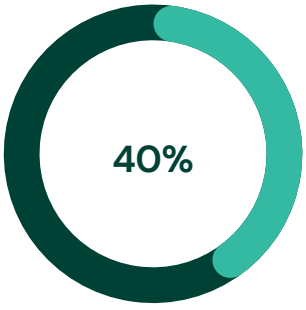
Supports patient care by advancing the science and practice of clinical nutrition and metabolism.

Case study: cancer care

Based on the research, targeted nutritional care – guided by recommendations – is critical to supporting the health and wellbeing, response to pharmacological treatment, clinical outcomes and quality of life of patients with the disease.

Interestingly, 95% of physicians said that screening is important in patients with cancer.

n=918 respondents who perform screening.



However, 40% of oncologists said they do not use guidelines.

n=145 respondents.

Source: Ipsos research conducted for dsm-firmenich

3. Of those that perform screening, 90% prescribe or recommend nutritional solutions to patients

The majority of the healthcare professionals that screen patients for disease-related malnutrition said that they prescribe or recommend nutritional products. The research indicated that neurologists are the least likely to suggest medical nutrition as part of patient care.

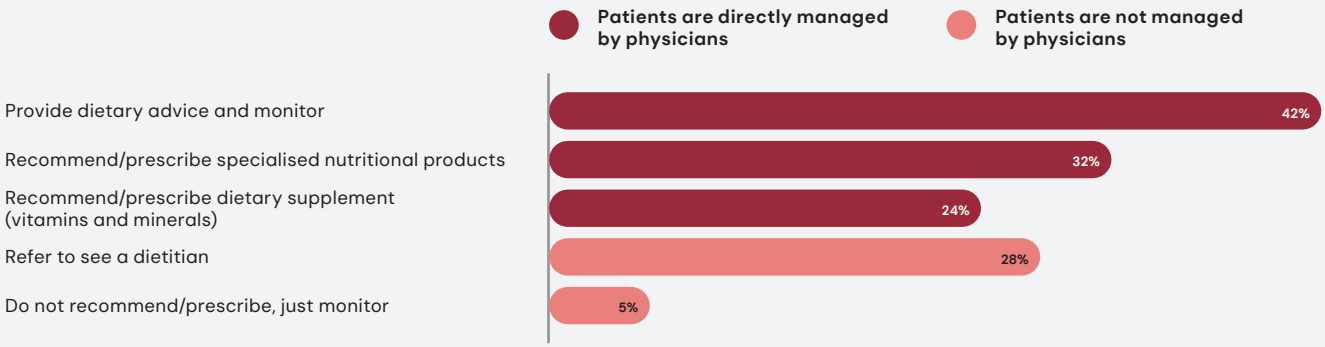
n=918 respondents who perform screening.

4. 1 in 3 patients with disease-related malnutrition were prescribed specialized nutritional solutions

Despite the high number of respondents that report recommending or prescribing medical nutrition, only 1 in 3 of their patients with malnutrition receive specialized nutritional support as part of their care. This may be due to the lack of nutritional screening in the first place.

How patients with nutrition deficits are managed

The research highlighted that most patients with disease-related malnutrition were managed directly by physicians and not referred to a dietitian. Of all the specialties, dieticians were the most likely to provide dietary advice and monitor the diet of patients (62% of 171 respondents) and recommend or prescribe medical nutrition (37%).



Q04: Of those patients whom you identify as suffering from nutrition deficits/disease-related malnutrition what proportion do you manage in the following ways?

n=918 respondents who perform screening.

Source: Ipsos research conducted for dsm-firmenich

5. Medical nutrition solutions are associated with ‘muscle mass and function’ benefits

The top health benefit associated with medical nutrition solutions was muscle mass and function support in senior adults and patients with chronic disease, with 82% of respondents attributing this benefit to specialized nutrition.

Change to: Supporting immune function was often associated with medical nutrition solutions too. 63% of the healthcare professionals said that they would prescribe medical nutrition to patients with compromised immunity (like individuals with cancer or HIV), to support a weakened immune system in the elderly (58%) or to aid immune function in the elderly on a daily basis (53%).

Common benefits linked to medical nutrition solutions

- Strengthen muscle mass and function
- Support rehabilitation following hospitalization
- Combine with drug therapy (support treatment or manage negative side-effects)
- Benefit immunity
- Boost cognitive health
- Support a healthy microbiome

Q04a: Which benefits do you look for from specialized nutritional products for patients? (prompted list)

n= 827 of respondents who recommend medical nutrition.

Source: Ipsos research conducted for dsm-firmenich

Transform insights into action: 5 steps to purpose-led change

Araksya Topchyan, Global Manager Medical Nutrition and Pharma, dsm-firmenich

"At dsm-firmenich, we believe that nutritional care is a human right and screening should be mandatory for all patients at risk. It is clear from our report findings that there is a need to shift the perception and behaviors of those at the core of patient care – especially towards screening."

To inspire purpose-led change, dsm-firmenich 'tested' attitudes towards three medical nutrition concepts (cancer cachexia, stroke rehabilitation and/or mild cognitive disorder and diabetes). We identified five key actions that specialists across the industry can take now to encourage the uptake of medical nutrition in more patient populations and provide the best possible care. That's everyone across the public health supply chain – from healthcare professionals and care providers to research institutions, the government, medical nutrition brands and ingredient suppliers.

1. **Raise awareness of guidelines and screening tools for malnutrition**

   Work together with specialist bodies to raise credibility

2. **Educate medical professionals on disease related malnutrition**

   To deliver education and increase prescriber buy-in to nutritional outcome benefits

3. **Provide clear product information**

   Details about efficacy, calories per ml, cost and scientific evidence that supports patient benefits

4. **Product awareness is key**

   Digital channels are beneficial for reaching healthcare professionals and increasing brand recognition, but traditional channels (like conferences) are still highly valued

5. **Partner with local authorities and regional medical societies**

   This helps to raise awareness of the importance of nutritional care and champions the prescription of medical nutritional products

About dsm-firmenich

dsm-firmenich is passionate about supporting the nutritional needs of patients. We continue to push new boundaries in the medical nutrition space – with the heart of patients always front of mind. This takes more than ingredients. It takes a partner driven by purpose. An expert that delves deeper into patient insights to understand the needs, barriers and solutions to the best nutritional care.

Stay one step ahead with our proprietary insights, dynamic innovation pipeline and expert services – guiding product development from concept to patient.

Partner with dsm-firmenich to co-create your next medical nutrition innovation with purpose. Connect with an expert to get started.

Connect with an expert

References:

1. MUST – Malnutrition Advisory Group (MAG). MAG—guidelines for Detection and Management of Malnutrition. British Association for Parenteral and Enteral Nutrition, 2000, Redditch, UK
2. GLIM – Cederholm T, et al; GLIM Core Leadership Committee; GLIM Working Group. GLIM criteria for the diagnosis of malnutrition – A consensus report from the global clinical nutrition community. Clin Nutr. 2019 Feb;38(1):1-9. doi: 10.1016/j.clnu.2018.08.002. Epub 2018 Sep 3. PMID: 30181091.

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