

Optimal Nutritional Care for All

A European Health Innovation Initiative'

Implementation Workshop Leiden,
June 8, 2018

Welcome

Chairs

Olle Ljungqvist and Cornel Sieber, *ENHA Co-Chairs*

Netherlands' Hosts

Helene Sirag, *VNFKD*

Marjolein Visser, *Vrije Universiteit Amsterdam and
Steering Group, Malnutrition*

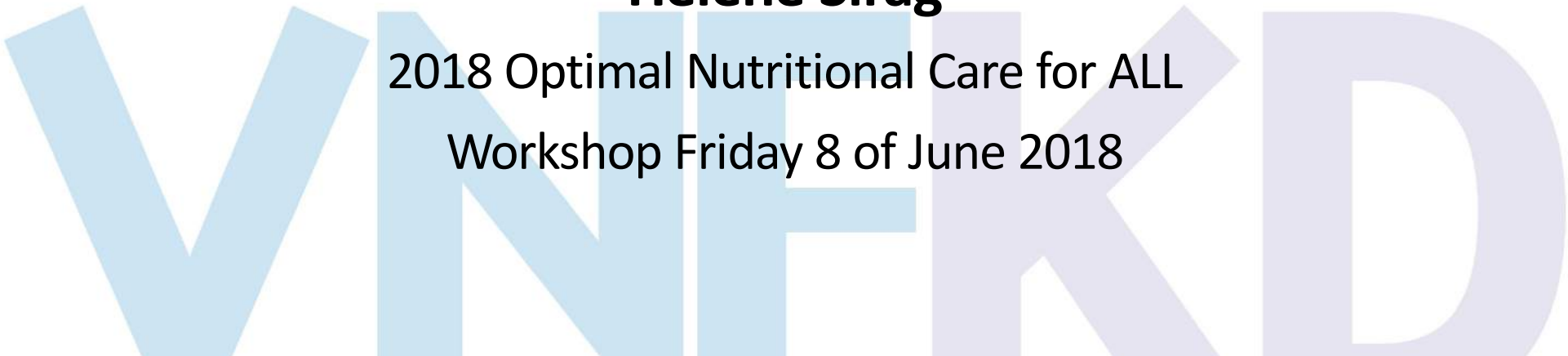
Welcome to ONCA & VNFKD

the Dutch approach



Helene Sirag

2018 Optimal Nutritional Care for ALL
Workshop Friday 8 of June 2018



VNFKD Medical Nutrition: the Dutch approach



Helene Sirag

2018 Optimal Nutritional Care for ALL
Workshop Friday 8 of June 2018



Prof.dr.ir Marjolein Visser



- Marjolein Visser is professor of *Healthy Aging* at the Department of Health Sciences, section Nutrition and Health, Faculty of Science, Vrije Universiteit Amsterdam and the Amsterdam Public Health research institute, Amsterdam, the Netherlands.

VNEKD

Joint Action **Mal**nutrition in the **EL**derly Knowledge Hub

Coordinators: Marjolein Visser (VU, Amsterdam)
Dorothee Volkert (FAU, Nürnberg)

European approach tackling malnutrition in older persons



- Prevalence protein-energy malnutrition in older adults is substantial
(13.5 – 29.7% community-dwelling, up to 50% in nursing homes and hospitals)
- Linked to poor clinical outcome and increased health care costs
- Low awareness in many European countries
- No consensus on definition of malnutrition
- Large variety in screening tools, diagnosis and treatment
- Effect of nutritional intervention in malnourished older adults unclear



- 22 partners
- 7 countries
- Started 01-03-2016
- 2,5 years duration
- € 1.1 million funded
- € 0.8 million in kind

Countries	Funding organizations
Austria	Federal Ministry of Science, Research and Economy (BMFWF)
France	The National Institute for Agricultural Research (INRA)
Germany	Federal Ministry of Food and Agriculture (BMEL) represented by Federal Office for Agriculture and Food (BLE)
Ireland	Department of Agriculture, Food & the Marine (DAFM) and the Health Research Board (HRB)
The Netherlands	The Netherlands Organisation for Health Research and Development (ZonMw)
Spain	National Institute of Health Carlos III (ISCIII) and the SENATOR trial (FP7-HEALTH-2012-305930)

Partners



Nürnberg, Kick-off Meeting 2016

General Objectives of MaNuEL

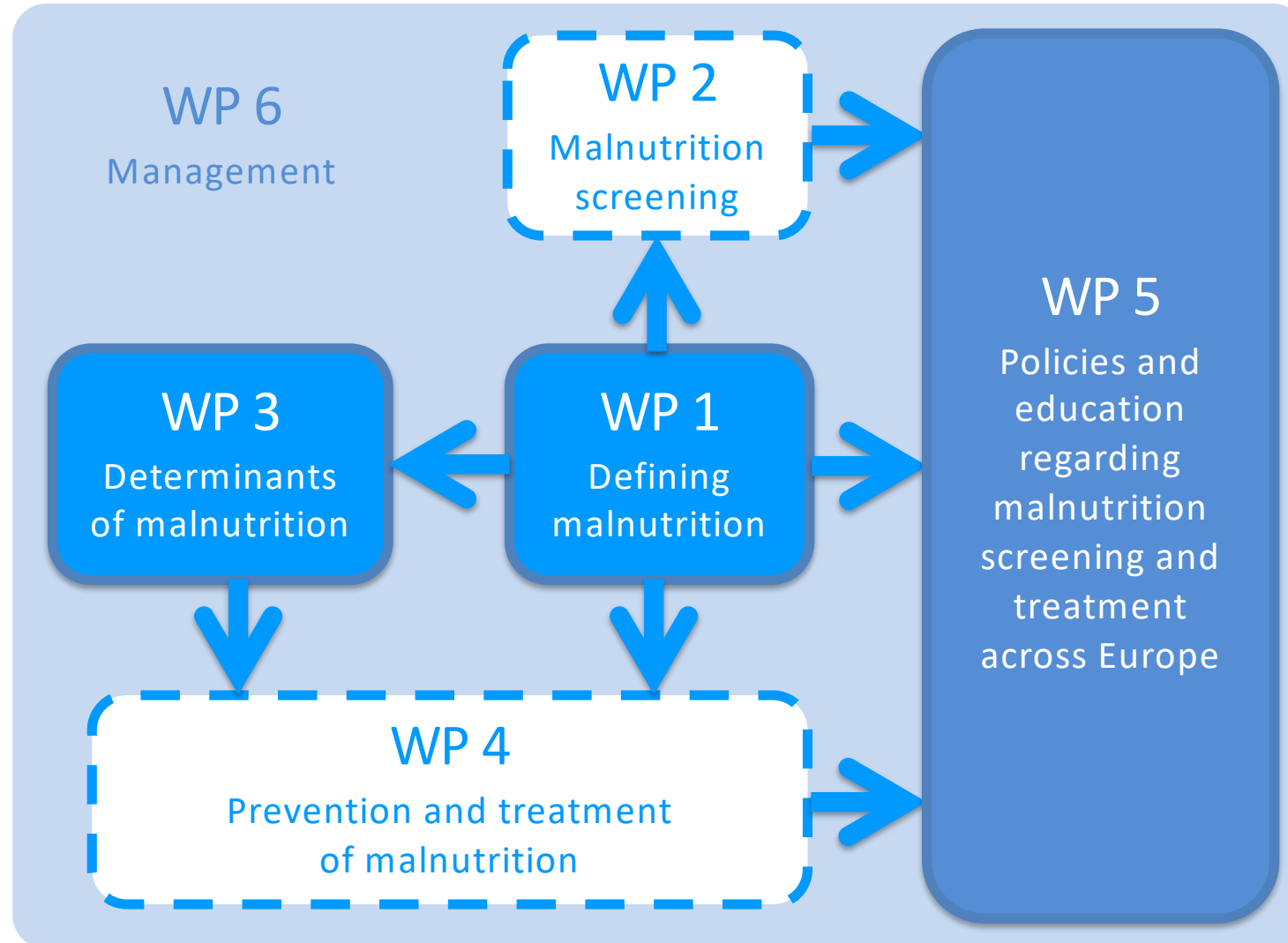
- **Knowledge gain**
regarding definition, prevalence, screening and aetiology of MN
- **Strengthen evidence-based practice**
 - recommendations regarding screening
 - identification of effective interventions and persons who will benefit
- **Capacity building**
competence network of researchers with complementary expertise
- **Harmonisation**
of screening and assessment, clinical practice, policies and education

NEWS FROM EU RESEARCH

Tackling the increasing problem of malnutrition in older persons: The Malnutrition in the Elderly (MaNuEL) Knowledge Hub

M. Visser^{*†,1}, D. Volkert^{‡,1}, C. Corish[§], C. Geisler[¶], L. C. de Groot^{**}, A. J. Cruz-Jentoft^{††}, C. Lohrmann^{‡‡}, E. M. O'Connor^{§§}, K. Schindler^{¶¶}, M. A. de van der Schueren^{*,***}
and on behalf of the *MaNuEL* consortium

Work packages



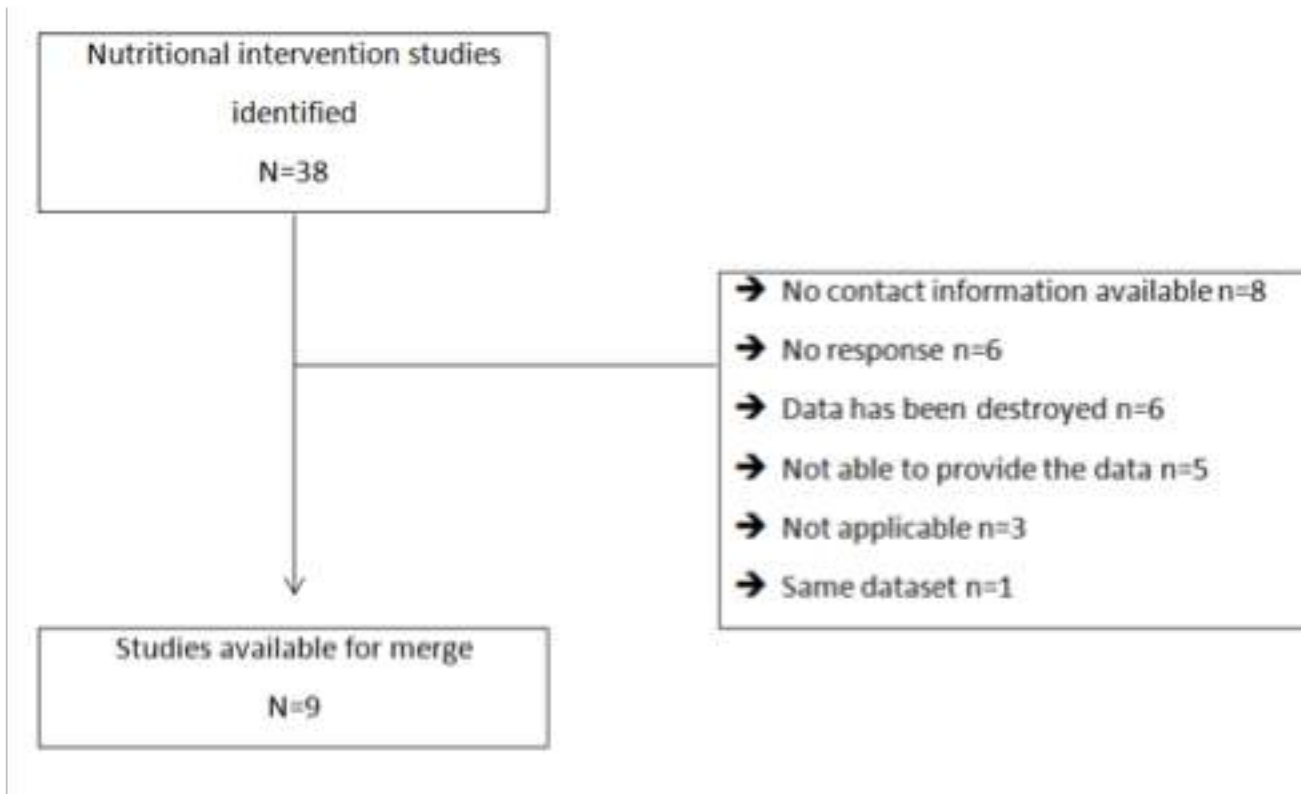
WP1 Defining malnutrition

- Which nutritional interventions work best in whom?

The effectiveness of nutritional interventions in older adults: a pooled analysis of individual patient data from 9 randomized controlled trials

- Minimal dataset for nutritional intervention studies in older malnourished persons
- Compile data on prevalence of malnutrition from existing studies using multiple standardized definitions
- Provide insight into body composition characteristics of older persons with malnutrition

Pooling of intervention study data



Individual data from N=990 older adults who participated in published RCTs:

- 64.5% women
- Mean age 79.2 ± 8.2 years
- Mean BMI 23.9 ± 4.7 kg/m²

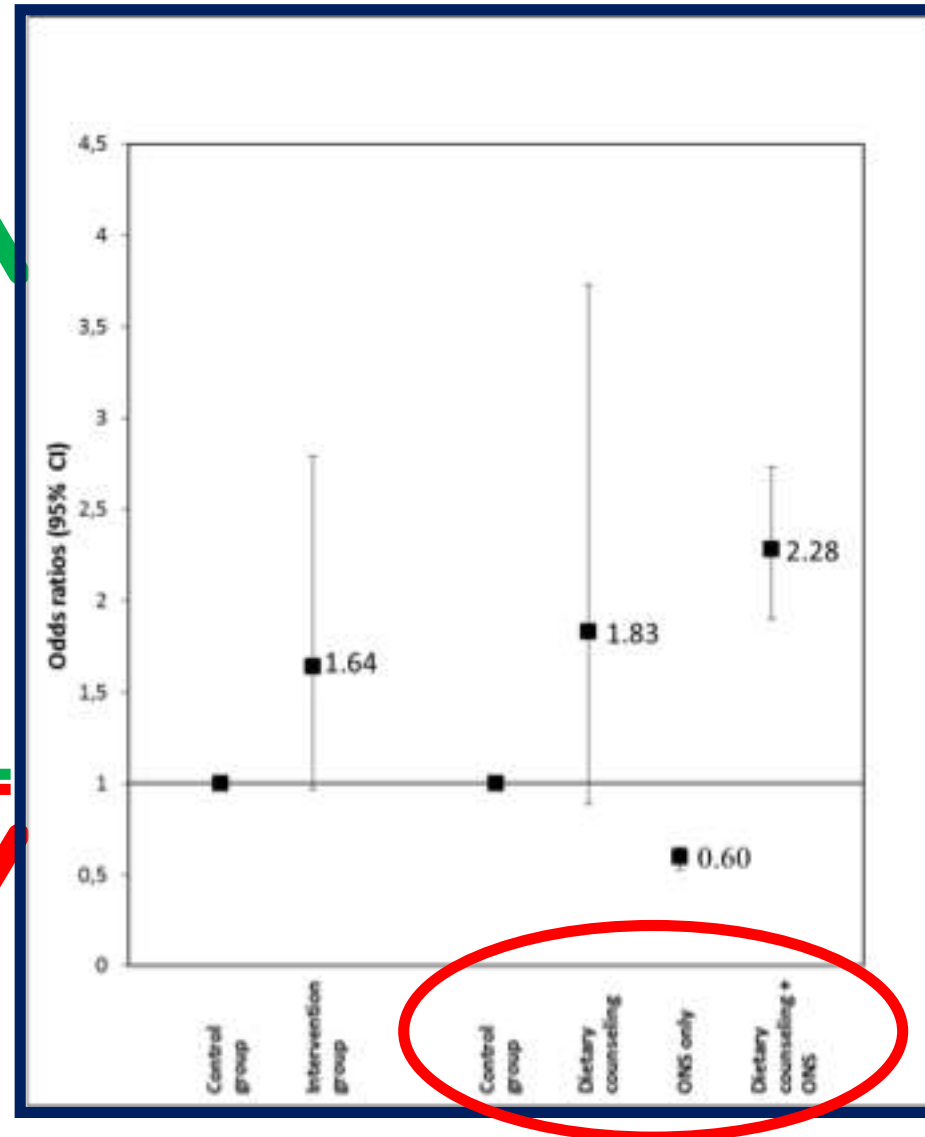
Treatment effect on outcomes

Outcomes		Control group	Intervention group
Energy intake	Δ Energy intake (kcal/day, mean \pm SD)	72 \pm 535	164 \pm 636
	Δ Energy intake > 250 kcal/day (%)	31.4%	41.4%
Body weight	Δ Weight gain (kg, mean \pm SD)	0.06 \pm 4.70	0.79 \pm 3.86
	Δ Weight > 1.0 kg (%)	34.3%	44.2%
Handgrip strength	Δ Strength (kg, mean \pm SD)	-0.06 \pm 4.4	0.24 \pm 4.1
	Δ Strength \geq 3.0 kg (%)	24.0%	25.8%
Mortality	Diseased during intervention or within 6 months after intervention	7.9%	6.9%

Treatment effect on energy intake

Higher odds
of > 250
kcal/day

Lower odds
of > 250
kcal/day



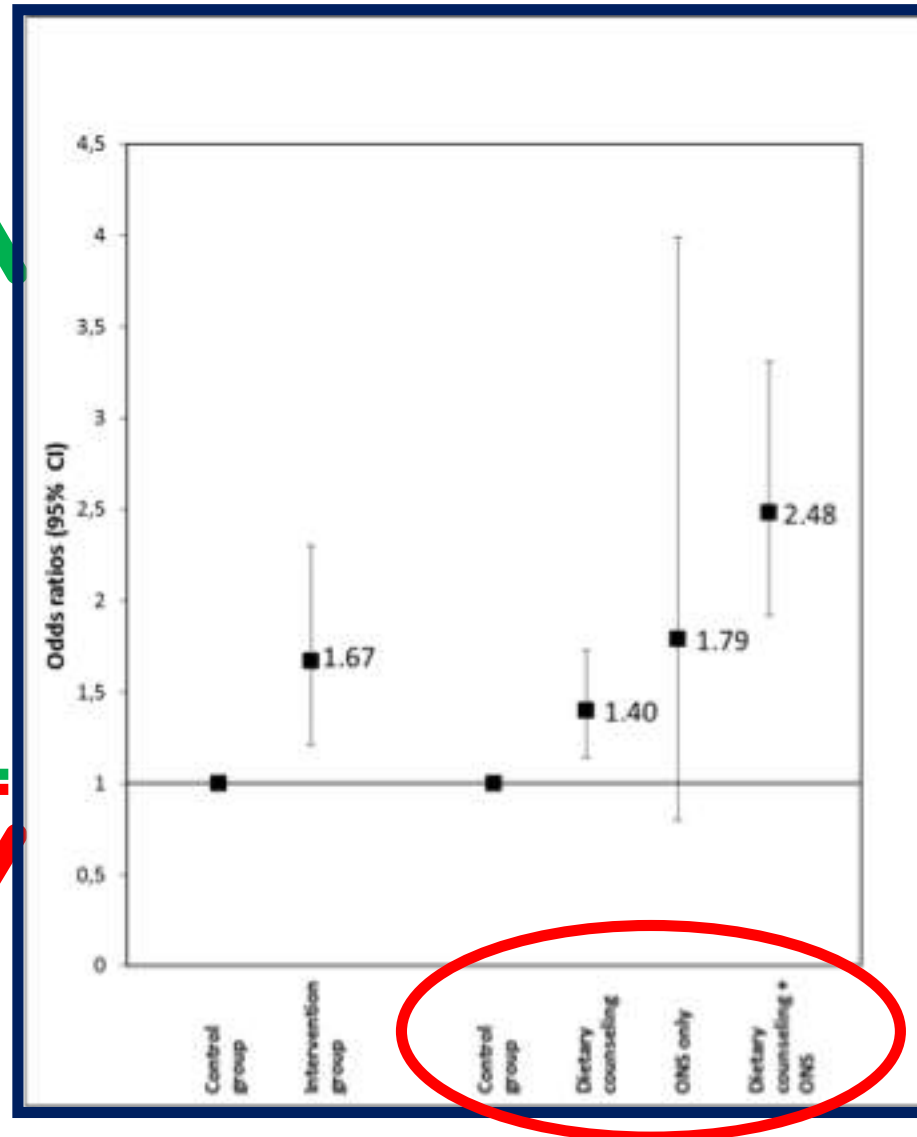
CONCLUSION

- Tendency to beneficial effect on energy intake
- Greatest effect of combination dietary counseling + ONS

Treatment effect on body weight

Higher odds
of > 1.0 kg
weight gain

Lower odds
of > 1.0 kg
weight gain



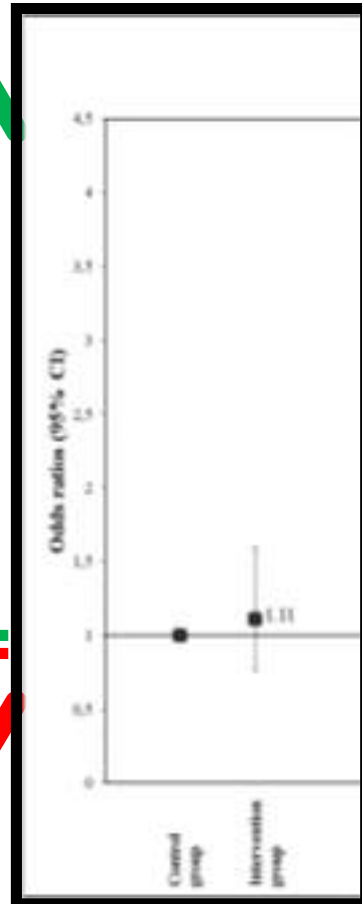
CONCLUSION

- Beneficial effect on body weight
- Greatest effect of combination dietary counseling + ONS

Treatment effect on strength and mortality

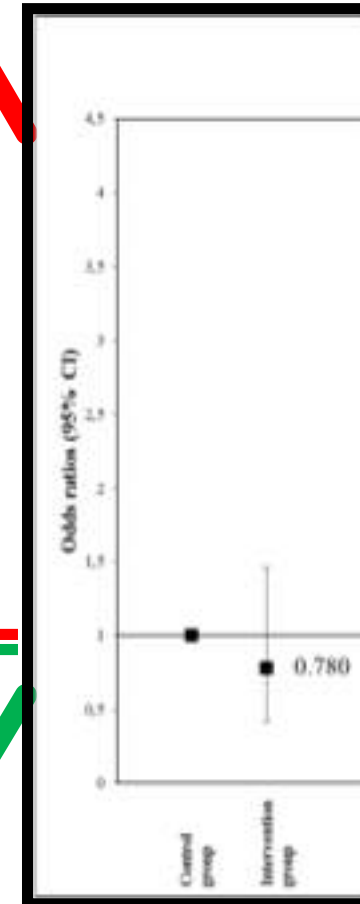
Higher odds
of > 3.0 kg
strength

Lower odds
of > 3.0 kg
strength



Higher odds
of dying

Lower odds
of dying



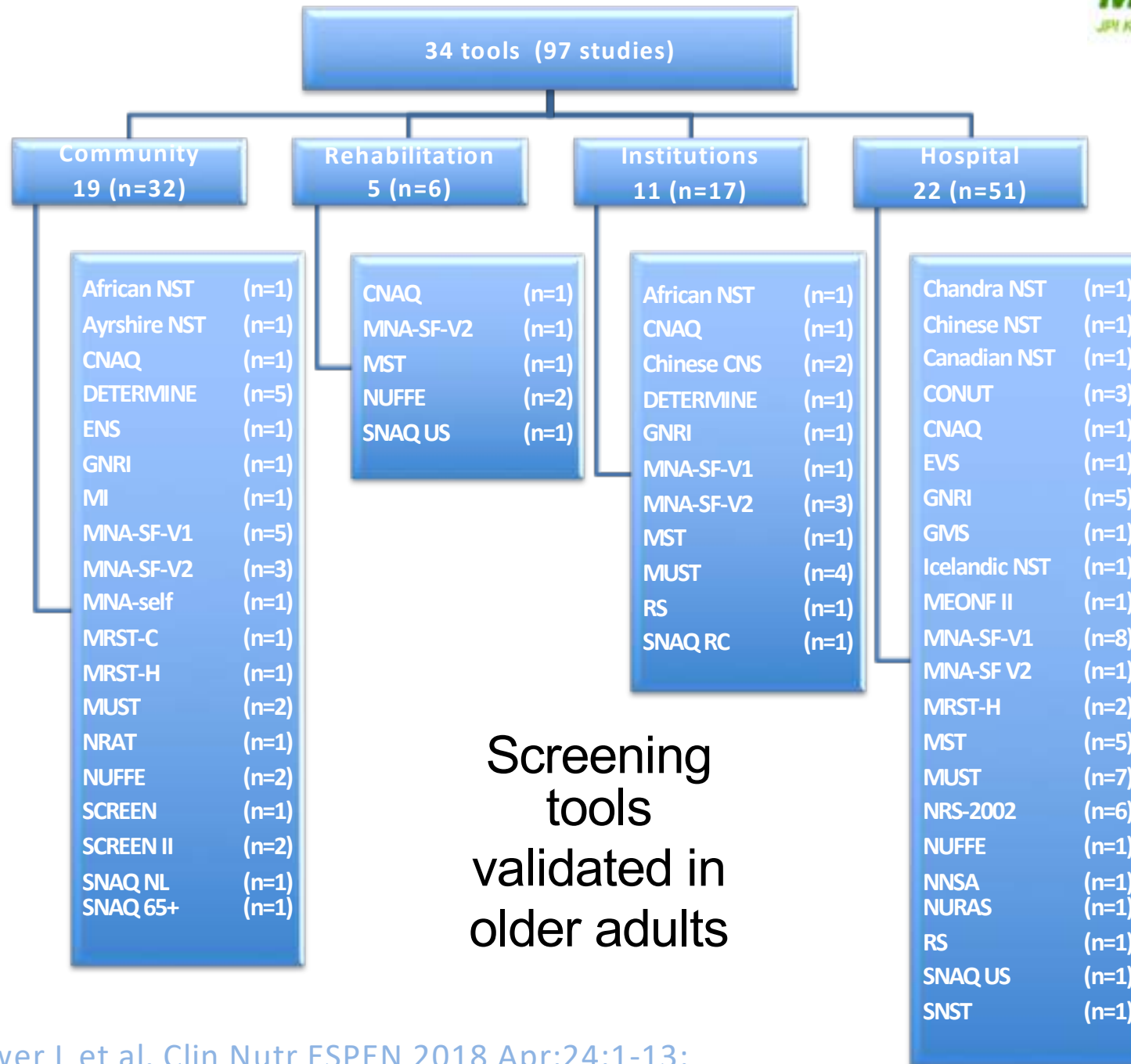
CONCLUSION: No beneficial effect on handgrip strength or mortality

WP2 Malnutrition screening in older persons

- Literature review on existing screening tools
- Grading of tools and selection of preferred screening tools for different settings

Nutritional screening tools used and validated in older adults in various settings

- Compile prevalence data on positive screening based on these preferred tools



Scoring system criteria

1. Validation

Validated in older adults
Yes/No

Type of Validity

- Construct
- Criterion
- Predictive

Validated Against
MNA, SGA or clinical
assessment

Validation Results
Se, Sp, k-values etc.

Amount of validation studies

Max. 15 points

2. Parameters

Some are more suitable for
an older population/are
more practical measures
than others

Lower Score e.g.

- Albumin
- Calf Circumference

Higher Score e.g.

- Recent weight loss
- Reduced appetite

Adjustments for older adults

Max. 15 points

3. Practicability

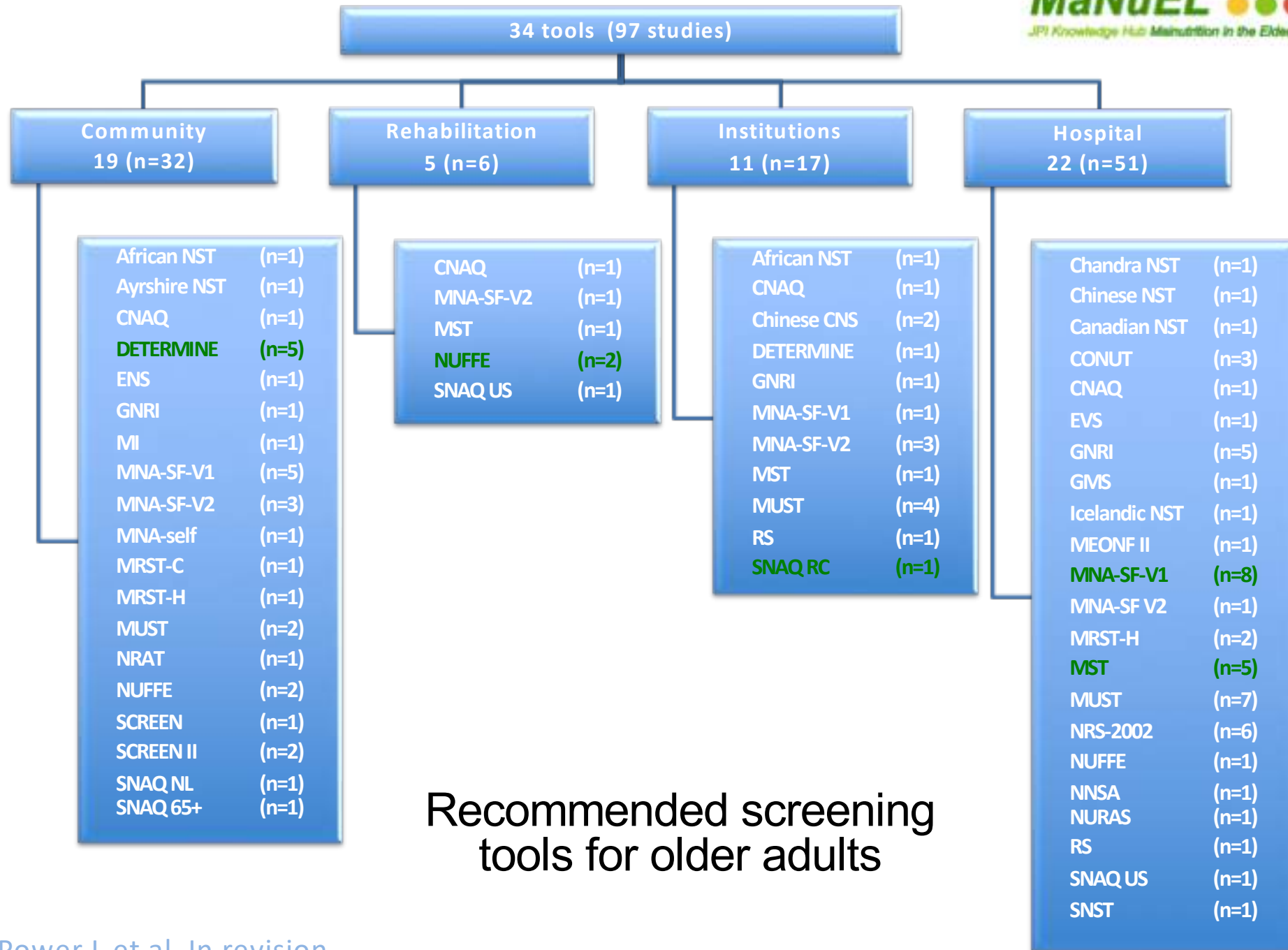
Time
0-3 min
4-6 min
7-10 min

Cost/access
Free
Not Free

Used By
-Nutritionally trained staff
only
-All staff

Languages
English only
English + other EU languages

Max. 15 points



WP3 Determinants of malnutrition in older persons

- Identify key determinants of (treatable) malnutrition by systematic literature review and secondary data analysis

Determinants of incident malnutrition in older persons:
results of a multi-cohort harmonized meta-analysis

- Develop a list of reliable and valid instruments to measure these determinants
- Derive recommendation for assessment methods of determinants
- Mapping of determinants and development of a determinant model (DoMAP) (BANSS symposium, April 2018)

Eibhlís O'Connor (IRE)
Dorothee Volkert (DE)

6 longitudinal studies of KH partners

ErnSiPP

Nutritional situation of community dwelling older adults in need of basic care

Germany



Life and Living in Advanced Age, a Cohort Study in New Zealand

New Zealand



The Longitudinal Aging Study Amsterdam

The Netherlands



Activity and Function in the Elderly

Germany



The Irish Longitudinal Study on Ageing Health Assessment

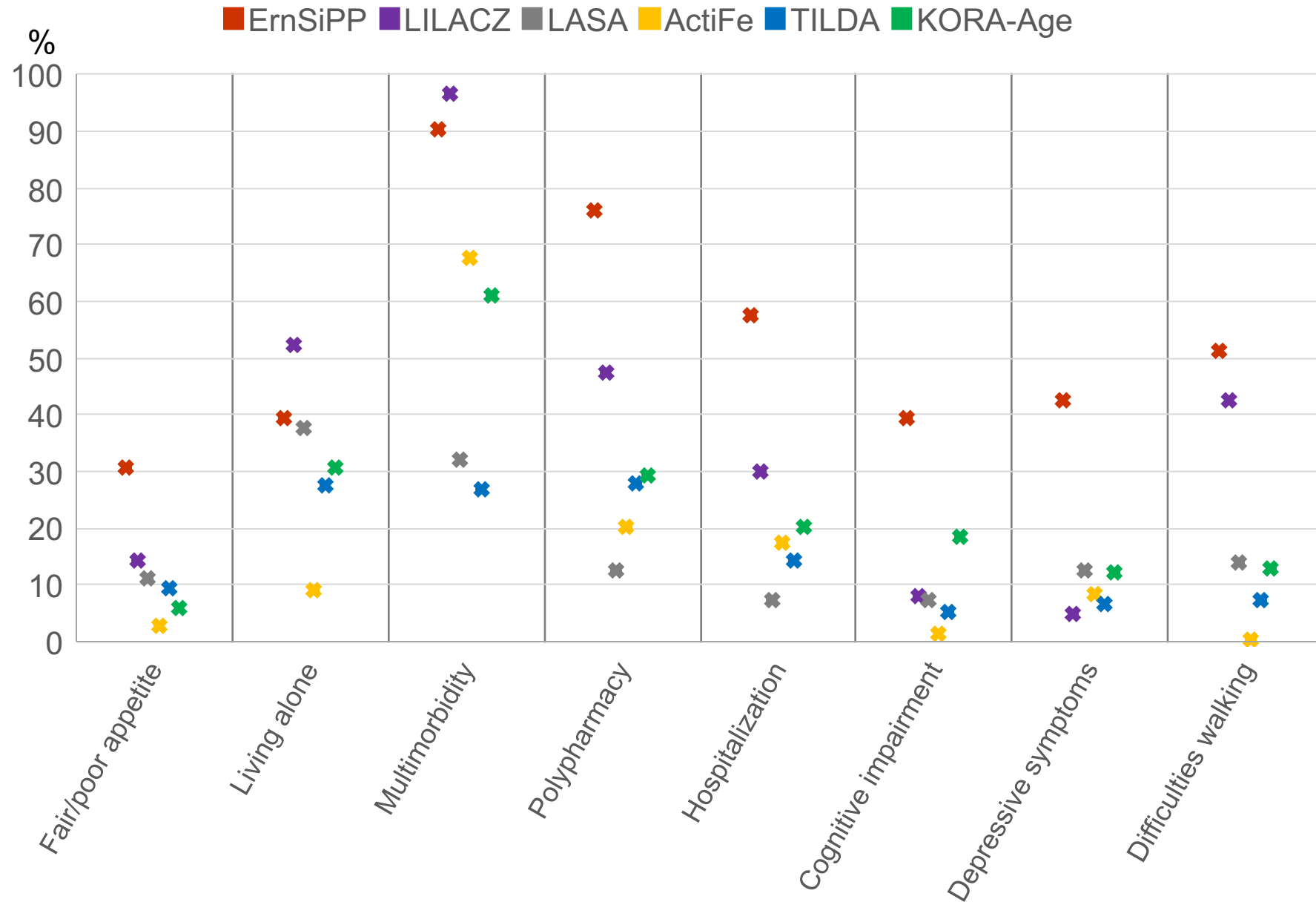
Ireland

KORA-Age

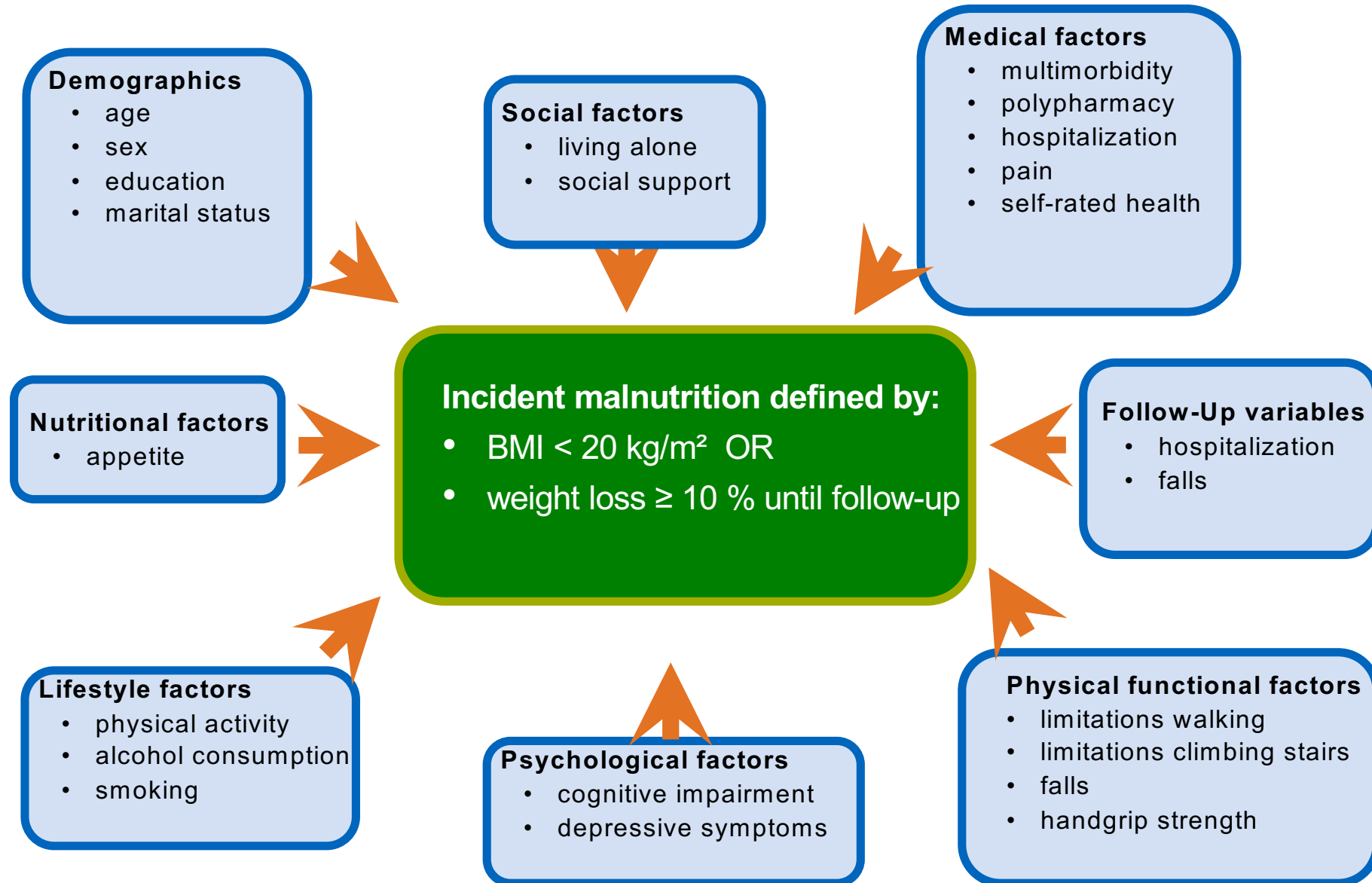
Cooperative Health Research in the Region of Augsburg

Germany

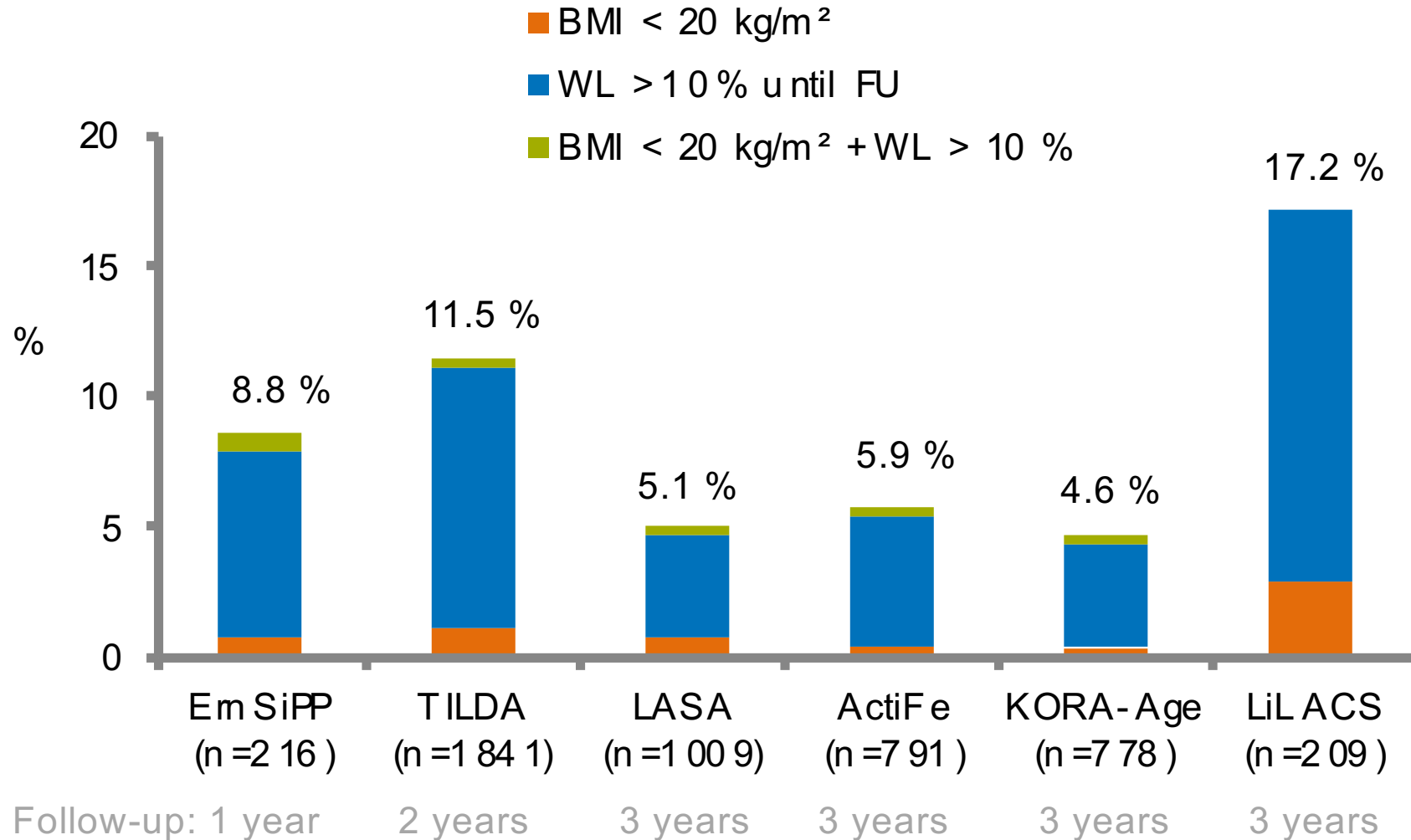
Prevalence potential determinants



Potential determinants investigated

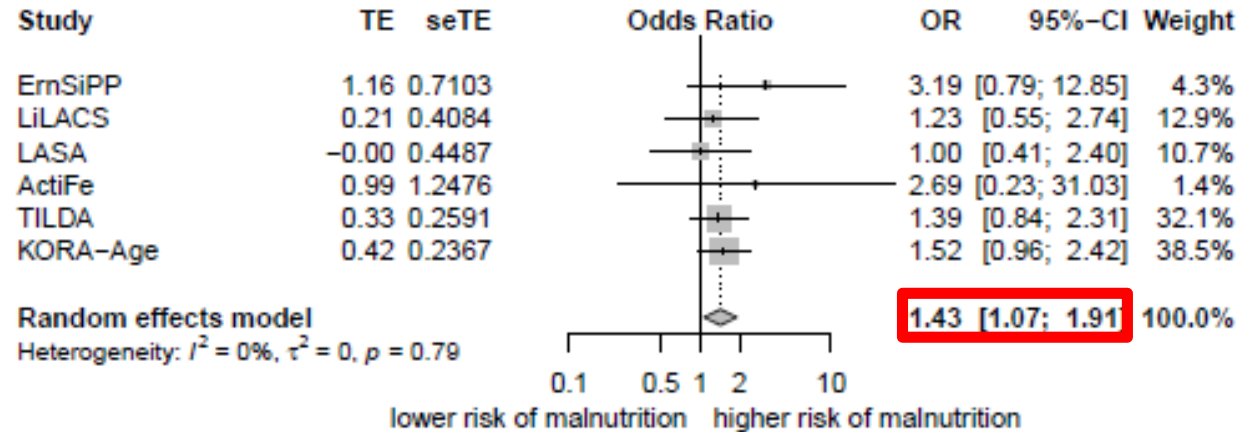


Incidence of malnutrition

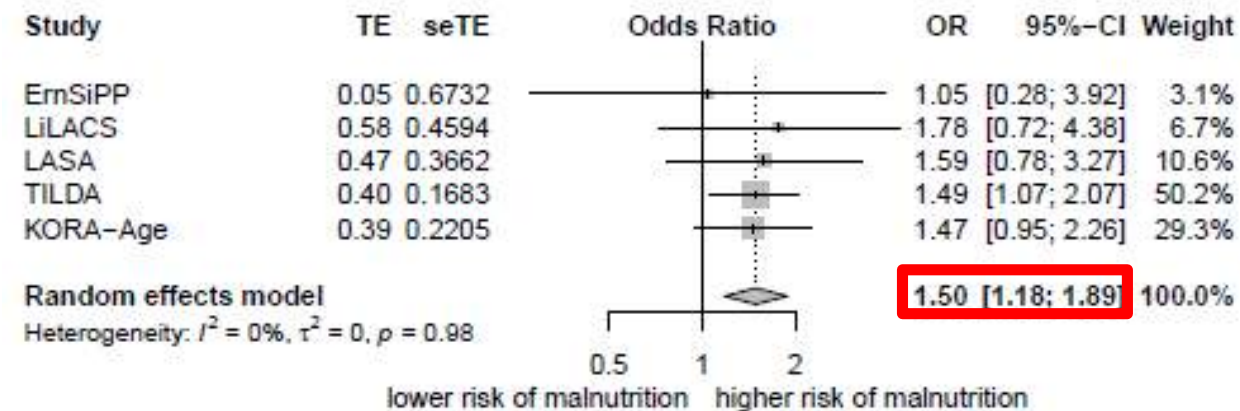


Example of 2 meta-analyses

Difficulties walking: yes vs. no*

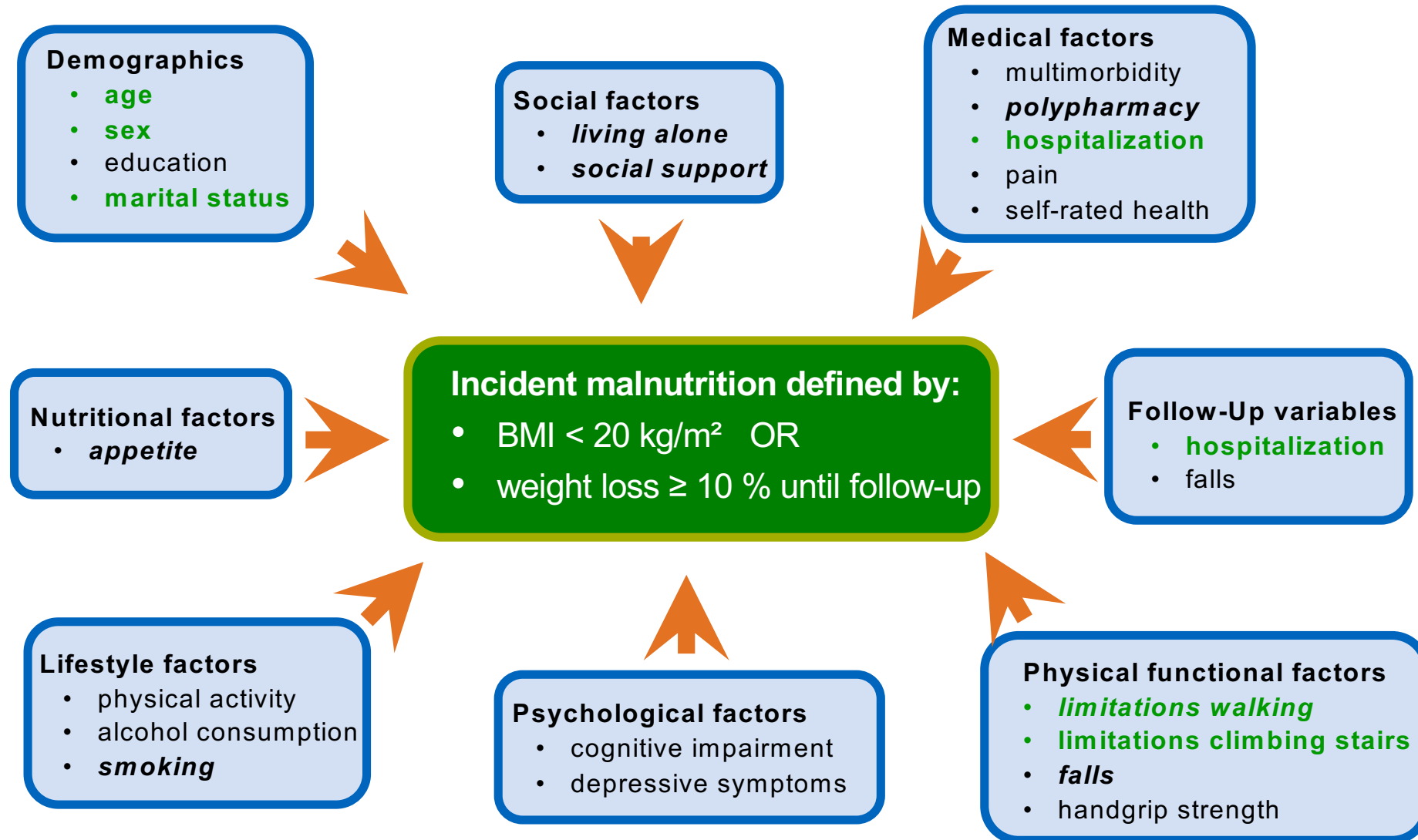


Difficulties climbing stairs: yes vs. no*



*adjusted by age, sex, education, cognitive impairment, BMI, handgrip strength, physical activity, self-rated health, depression, medication, chronic diseases, pain, falls before baseline

Evidence-based determinants



significant in meta-analysis
not significant in all studies

WP4 Prevention and treatment of malnutrition

- Systematic literature review on **the effects of non-pharmacologic interventions** (SENATOR project, FP7-HEALTH-2012-305930) in **malnourished** (or at high risk) older persons
- Delphi-Survey on **relevant outcomes** of nutritional interventions

Alfonso Cruz-Jentoft, Andrea Correa-Pérez,
Isabel Lozano-Montoya (ES)

Relevant outcomes of nutritional interventions
in older malnourished adults

- Overview on **ongoing and planned non-pharmacologic intervention studies** in malnourished older persons

Corinna Geisler (DE)

POTENTIAL OUTCOMES RELEVANT FOR NUTRITIONAL INTERVENTION STUDIES IN MALNOURISHED OLDER ADULTS	SENATOR (n=5)	MaNuEL (n=14)	TOTAL (n=19)	OVERALL
Mortality	7.4±1.5	7.3±1.1	7.3±1.2	Critical
Morbidity (hospital complications, infections...)	7.4±0.9	7.8±1.1	7.7±1.0	Critical
Functional status (mobility, ADL, muscle strength...)	7.8±0.4	7.4±1.7	7.5±1.4	Critical
Cognitive status (including dementia and delirium)	4.6±1.8	5.7±2.1	5.4±2.0	Important
Nutritional status* (weight change, BMI, muscle mass ...)	6.8±2.3	8.3±0.9	7.9±1.5	Critical
Changes in dietary intake*	5.0±2.2	7.5±1.8	6.8±2.2	Important
Blood biomarkers (albumin, transferrin...)	5.8±2.3	4.9±2.0	5.1±2.1	Important
Compliance with the intervention*	4.6±2.5	7.3±1.1	6.6±1.9	Important
Health care cost (LOS, admission to hospital/nursing home...)	6.2±1.3	6.2±1.6	6.2±1.5	Important
Falls	6.0±2.0	5.9±2.0	5.9±1.9	Important
Quality of Life*	6.2±2.4	7.5±0.9	7.2±1.5	Critical
Frailty status* (changes in frailty scores)	5.0±2.8	7.1±1.5	6.5±2.1	Important
Adverse events (diarrhoea, nausea...)	5.2±2.4	6.9±1.5	6.5±1.9	Important

WP5 Policies and education regarding malnutrition screening and treatment across Europe

- Overview on **current policies and practice** across Europe in different health care settings regarding screening and treatment

Web-based survey in national stakeholders

Karin Schindler, Tamara Ranzenberger-Haider (AU)

- Overview on formal **education of health care professionals**

Web-based survey medical/nursing schools

Christa Lohrmann, Doris Eglseer (AU)

Web-based survey on policy

- National and/or regional policies and guidelines
- Development, implementation and monitoring of guidelines
- Financing and reimbursement
- Identification of relevant national stakeholders & political bodies
- Use of screening tools

19 countries (out of 31) participated (community – hospital – long term care):

- | | | | |
|-----------|-----------|-------------------|----------|
| ✓ Austria | ✓ France | ✓ Poland | ✓ Spain |
| ✓ Belgium | ✓ Germany | ✓ Portugal | ✓ Sweden |
| ✓ Croatia | ✓ Ireland | ✓ Slovenia | ✓ Turkey |
| ✓ Denmark | ✓ Italy | ✓ Switzerland | ✓ UK |
| ✓ Finland | ✓ Latvia | ✓ The Netherlands | |

Policy web-based survey

Some first results based on 19 countries:

Community

National or regional screening recommendations (N=9)

Implementation of screening guidelines mandatory (N=2)

Hospital

National or regional screening recommendations (N=8)

Implementation of screening guidelines mandatory (N=5)

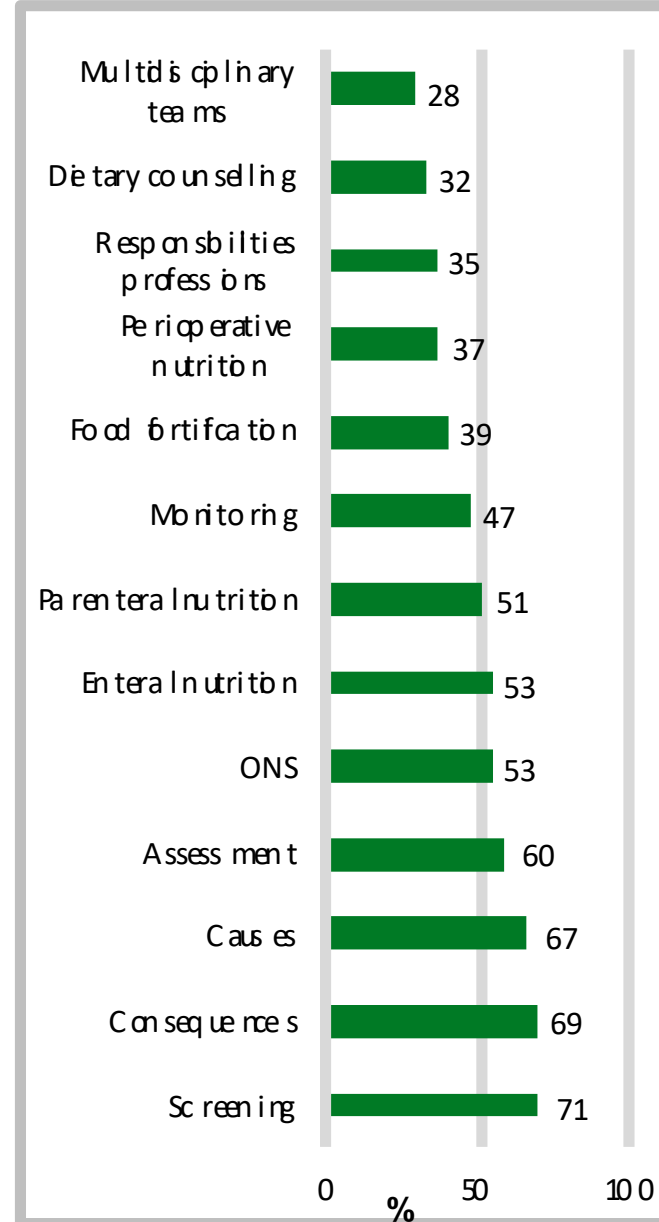
Nursing homes

National or regional screening recommendations (N=10)

Implementation of screening guidelines mandatory (N=2)

Web-based survey on nurses curricula

	Questionnaires sent out (n = 926)	Total response %
Austria	64	15.6
Belgium	26	19.2
Bulgaria	11	63.6
Croatia	6	66.7
Cyprus	5	60.0
Czech Republic	16	37.5
Denmark	25	8.0
Estonia	3	100.0
Finland	24	29.2
Germany	171	10.5
Hungary	6	50.0
Ireland	14	64.3
Italy	34	5.9
Lithuania	9	66.7
Luxemburg	1	100.0
Malta	1	100.0
Netherlands	40	5.0
Norway	12	16.7
Poland	37	5.4
Portugal	41	31.7
Romania	9	22.2
Slovakia	19	10.5
Slovenia	19	21.1
Spain	58	15.5
Switzerland	19	31.6
UK	45	4.4



Eglseer D et al. Nurse Education Today 2018;68:13-8

Malnutrition and malnutrition screening is currently **not included** in the education of nearly **30%** of participating European nursing education institutions

Nutrition education per year of education

(in % of all institutions, N=131)

	0 h	< 5 h	6–15 h	16–25 h	> 25 h
1st year	26.0	24.4	19.1	10.7	19.8
2nd year	36.6	30.5	17.6	6.1	9.2
3rd year	42.0	31.3	16.8	4.6	5.3
4th year	61.1	21.4	14.5	1.5	1.5
5th year	74.0	13.0	7.6	1.5	3.8

In over 50% of all institutions,
nurses obtain < 5 H
of nutrition education per year

Dissemination of MaNuEL results

MaNuEL Malnutrition TOOLBOX

	Introduction
1	What is the prevalence of malnutrition?
2	How to screen?
3	What are determinants of malnutrition?
4	How to assess the determinants of malnutrition?
5	What interventions are effective?
6	What set of variables should always be included in future nutritional intervention studies?
7	What policy measures should be advised?
8	What should a curriculum for health professionals include?



Will become available in fall 2018

- **MaNuEL project meeting**

June 11+12, 2018

Vrije Universiteit Amsterdam



Link will become available to access video recording of the public session of the meeting

- **ESPEN, EFAD, EUGMS congresses 2018**

Oral and poster presentations & symposium

Joint Action **Ma**lnutrition in the **EL**derly Knowledge Hub

Thank you for your attention!

Welcome

Gaston Remmers, *Platform Patient
and Nutrition*

Katie Gallagher, *European Patients'
Forum*

EUROPEAN PATIENTS' ACTIVITIES ON NUTRITION

Gaston Remmers & Cees Smit,
Platform Patient and Food NL
&
Katie Gallagher, European Patients' Forum

8 June 2018
ONCA Workshop, Leiden, The Netherlands

 @eupatientsforum

“ A STRONG PATIENTS' VOICE TO
DRIVE BETTER HEALTH IN EUROPE ”

EPF European
Patients
Forum 

- Grant Topsector Life Sciences & Health and Collaborating Health Funds € 2,6 mln.
(Gut health, fatigue and selfcare w. probiotics by chronic patients)



Check: www.MDOG.nl/BeyondRCT



- Almost Approval of METC (REC Rotterdam) Prostate Cancer and Food
- Randomised trial on QoL and serum concentrations of specific carotenoids – Start september 2018



- European Patients' Forum
 - Independent & non-governmental
 - Umbrella organisation
 - Active since 2003
 - EU patients' voice
- Our members
 - 74 patients' groups
 - EU disease specific organisations & National patient coalitions



Our Vision!

“All patients with chronic conditions in Europe have **access to high-quality, patient-centred** health and related care”



Our Mission!

“To be the collective influential patient voice in European health and related policies and a driving force to advance patient empowerment and equitable patient access to care in Europe”

EPF activities

2012/2013: contribution and endorsement of a book on patient and nutrition

[‘Patient Perspectives on Nutrition’](#) with ENHA and EGAN

2012: MoU between EPF, ENHA and EGAN

2013/2014 onwards: Partner of ONCA Campaign and ENHA

2017: [EU Patient Groups Conference on Nutrition](#)

2018:

- [Position statement on information to patients on food and nutrition](#);
- [EU Patient Task Force on Nutrition](#) + Nutrition Guideline Development and Lay Person Summaries document;
- Information materials - raising awareness of the role of nutrition and diet in managing long-term conditions, maintaining optimal health and quality of life;
- Co-creation and mutual endorsement of a code of conduct for the medical nutrition industry, with MNI and EPF as key drivers



Objectives

- ✓ **Raise awareness** of the role of nutrition and diet in managing long-term conditions, maintaining optimal health and quality of life;
- ✓ **Coordinate the patient perspective** on the topic of information to patients on nutrition;
- ✓ Emphasise the importance of **health literacy** and **informed decision-making** concerning nutrition and
- ✓ Outline **shortcomings** in **existing policy and legislation** from the patient perspective.



EPF Position Statement on Information to patients on food and nutrition

Highlights

- Nutrition as a bare necessity and an **essential component of disease management:**

Nutrition in primary prevention and improved disease management; Nutrition in the management of chronic conditions and better health outcomes and Medical nutrition

- **EU legislation** related to information to patients on food and nutrition



- **Key recommendations** on the fundamental role of patient organisations in policy-making; information and awareness; regulatory requirements; research; access to appropriate nutrition and reimbursement and disease-specific needs.

- **Lifecycle approach** to nutritional care



EU Patient Task Force on Nutrition

- Set up in February 2018, quarterly mtgs
- 11 EPF members and EU patient groups
- Main objective: to develop a document on nutrition guideline development, encompassing comprehensive **lay person summaries of recognised guidelines** in the sphere of nutrition
- In cooperation with learned societies and other stakeholders
- Outcome document to be presented at the November 2018 Conference for Optimal Nutritional Care for All (ONCA)



optimal
nutritional care
for all

EU4HEALTH Campaign



Europe, Let's Do More for Health post-2020!

White paper on the future of Europe and Juncker's 5 scenarios: Health collaboration at EU level under threat

Campaign driven by **public health NGOs**, co-led by EPF and EPHA

Petition to step up coordinated EU action on health

Letters to [President Juncker](#) and vice-President Timmermans

MEPs show support: Statement on the future engagement of the EU in healthcare" co-signed by 80 MEPs

[Joint Statement 'Europe. Let's Do More for Health'](#)

Key Asks:

1. Establish strong leadership on health
2. Support national health systems with expertise and evidence
3. Develop a framework for tackling non-communicable diseases
4. Support national health systems with expertise and evidence
5. Empower citizens and patients
6. Assess the impact of EU policies on health

» SIGN THE PETITION

235

Supporting Organisations

Doing less
more efficiently



Looking Ahead to the Future MFF

ESF+ : Continued investment in health

May 2018: [EPF-EPHA Joint Statement](#) on the EC's proposal for a **Multi-annual Financial Framework post-2020**

June 2018: [EPF Statement](#) on the **proposed ESF+ Health Programme**

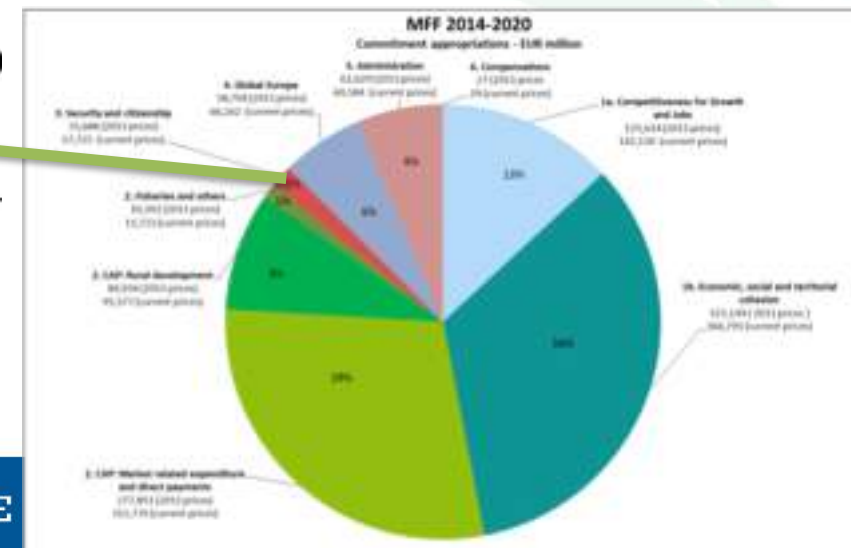
- Welcome Health Programme falling under the “Investing in People, Social cohesion & Values” heading of the MFF
- Decrease in funding is unacceptable + Health merits more investment, not less
- Alignment between Social Pillar, European Semester and CSRs and ESF+ funding is a step in the right direction but need alignment with the SDGs

3. Security and citizenship

15,686 (2011 prices)

17,725 (current prices) –

Health Programme:
449.4 million
(over 7 years)



- Complementarity with #EU4HEALTH Campaign
 - #EU4HEALTH Campaign: Making sure health is a priority in the EU post-2020
 - 2019 Elections campaign: making sure patients play a role within health-related policies post-2020

Step 1 – Defining
our priorities



Step 2 – Messages and
stories



Step 3 – Targeted
advocacy

THANK YOU



www.eu-patient.eu

“ A STRONG PATIENTS’ VOICE TO
DRIVE BETTER HEALTH IN EUROPE ”

Added Value of Patient Organisations

Patient organisations: the untapped potential of healthcare systems!

Report on the Added Value of Patient Organisations

Objective: to highlight the value of patient organisations as legitimate stakeholders in health-related policies.



The report identifies 4 main areas where patient organisations provide added value:

Policy and
Advocacy

Capacity-
Building &
Education

Peer Support

Research,
Technology and
Innovation

Challenges:

- Lack of resources & funding
- Credibility & alleged lack of independence;
- Professionalisation vs. representativeness;
- Overcoming the culture of tokenism;
- Lack of performance measurement – or rather lack of knowledge on how to measure the impact of patient organisations?

The Dutch approach: Where are we now?

Dutch Steering Group, Malnutrition

Elke Naumann, *Project Leader, Adults*

Marian de van der Schueren, *Hogeschool Arnhem & Nijmegen*

Fighting malnutrition, The Dutch approach

Elke Naumann, PhD RD

Project leader Dutch Malnutrition Steering Group



Content

- **PAST** - What has been achieved?
- **PRESENT** - The current situation
- **FUTURE** - Future plans and ambitions
- **BARRIERS AND FACILITATORS**

The Dutch Malnutrition Steering Group

MALNUTRITION KNOWLEDGE CENTRE

The Malnutrition Steering Group is the multidisciplinary knowledge centre for the awareness, prevention, identification and treatment of malnutrition.

MISSION: to reduce the occurrence and burden of malnutrition in the Netherlands

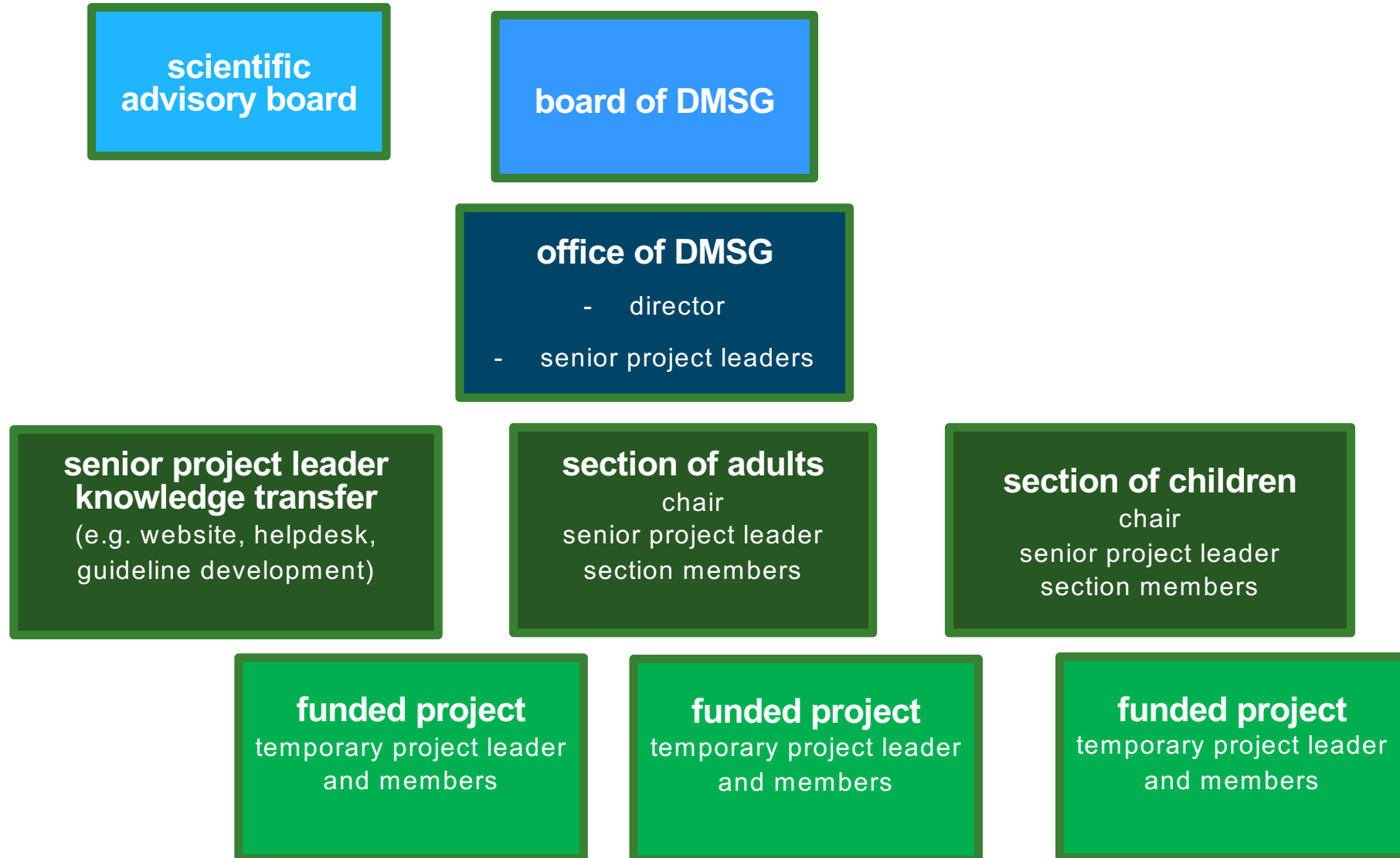
Our **mission** is to coordinate the collaboration between stakeholders and to initiate activities to reduce malnutrition, in particular in children, chronically and acutely ill and older persons.

VISION:

The prevention and treatment of malnutrition are an integral part of the intra-, trans- and extramural health care in the Netherlands.



Dutch Malnutrition Steering Group



PAST – What has been achieved?

- Malnutrition is recognised as an important health care problem
- Malnutrition has become a mandatory quality indicator for Dutch health care
- New malnutrition guidelines, tools, quick and easy screening tools have been developed and validated
- Malnutrition has become an official indication for reimbursement of medical nutrition in the basic health insurance

Time line activities DMSG

2006 - 2009	Hospitals
2008 - 2011	Nursing homes
2008 - 2011	Home care and General Practice
2011	International website, www.fightmalnutrition.eu
2012	Rehabilitation centres
2013	Hospital outpatient clinics
2014	Continuing care after hospital discharge
2016	Community dwelling older adults
2016	Food concepts in hospitals
2017	Website for community dwelling older adults
2017	Personal nutrition passport
2018	Malnutrition and dementia
2018	Malnutrition in education programs

The Dutch approach in 10 steps

1. Raise a multidisciplinary steering group, which represents all disciplines involved in screening and treatment of malnutrition and which has authority
2. **Create awareness** for the problem of disease related malnutrition by **collecting prevalence data**
3. **Quick and easy screening tools**, connected to a treatment plan
4. Screening as a **mandatory quality indicator**
5. Evidence based, validated tools and cost-effectiveness research
6. Ministry of Health as a key stakeholder to strengthen the message
7. Implementation projects in all health care settings:
 - Start pilot projects to implement screening and treatment of malnutrition in.
 - Evaluate and adjust where necessary
 - Use the field to **develop tools and a toolkit**
 - **Disseminate the project over more institutions and organizations.**
 - Make sure projects team are multidisciplinary and have authority
 - A website to communicate between participating teams and organizations with
8. Toolkits with tools, ready-to-use presentations and best practices, downloadable, **free accessible to everyone**
9. **Multidisciplinary project teams** in all institutions
10. Training programs and workshops

Creating awareness – e.g. online fact sheet

MALNUTRITION IS A MAJOR ISSUE

Not everyone is able to eat and drink well. Malnutrition can be the result of an extended period of insufficient eating and drinking caused, for example, by a loss of appetite or taste, problems with chewing or swallowing, illness, or loneliness. Malnutrition has negative consequences for recovery from illness and for a person's general health status, as shown in the figure below.



How prevalent is malnutrition?

Malnutrition occurs at all ages. Recent research by the Malnutrition Steering Group shows that in hospital admissions, 15% of patients are screened as malnourished. In children, 7% are screened as malnourished. Among adults, malnutrition is more common in older adults, both in hospitals and at home. One out of ten community-dwelling older persons is malnourished. This percentage increases with increasing age to 15-20% in persons over 75 y. In the group of community-dwelling older adults with health care, even one-third is malnourished. The National Prevalence Measurement of Quality of Care (the LFD) conducted in 2014 had 17% of nursing home residents are malnourished. If no action is taken, the number of malnourished community-dwelling older persons is expected to rise in the next few years, as older people tend to live at home for longer.

What are the costs of malnutrition?

The total cost of disease-related malnutrition in the Netherlands amounted to nearly € 4 billion in 2015. Recent research by the Malnutrition Steering Group covering more than half a million hospital patients documented a 1.4 day longer hospital stay for patients that were malnourished when admitted to hospital.

REFERENCES

- WHO report no. 2014. Malnutrition is a worldwide problem (Geneva)
- Finner S, et al. The economic costs of disease-related malnutrition. Clin Nutr 2012; 32: 126-131
- Kruiswijk HM, et al. Malnutrition screening during 154,002 patients: Patient with a positive under-nutrition screening score stay in hospital 1.4 day longer. Am J Clin Nutr 2016; Mar 13
- Schuur J. High prevalence of undernutrition in Dutch community-dwelling older individuals. Nutrition 2012; 28: 1551-1556

Complexity of the problem of malnutrition

Prevalence data accross settings

Costs of malnutrition

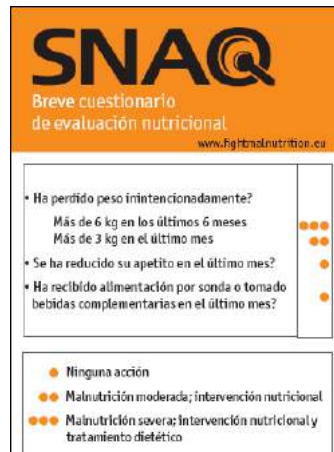
SNAQ screening tools

quick and easy screening by the nurse followed
by in-depth diagnosis by the dietitian

Translated in 6 languages:

English, French, German, Spanish, Italian and Portuguese

Available from: www.fightmalnutrition.eu



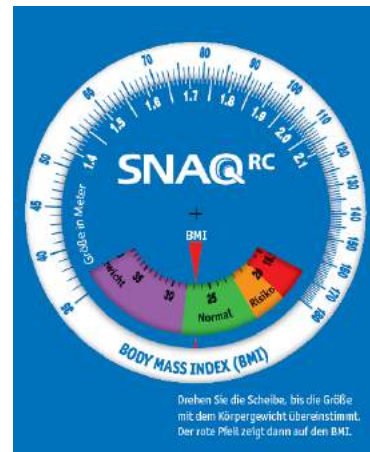
SNAQ
Breve cuestionario
de evaluación nutricional
www.fightmalnutrition.eu

• Ha perdido peso inintencionadamente?
Más de 6 kg en los últimos 6 meses
Más de 3 kg en el último mes

• Se ha reducido su apetito en el último mes?

• Ha recibido alimentación por sonda o tomado
bebidas complementarias en el último mes?

• Ninguna acción
• Malnutrición moderada; intervención nutricional
• Malnutrición severa; intervención nutricional y
tratamiento dietético



Stellen Sie diese Fragen

Haben Sie ungewollt Gewicht abgenommen?

► mehr als 6 kg in den letzten 6 Monaten
► mehr als 3 kg im vergangenen Monat

Benötigen Sie Hilfe beim Essen?

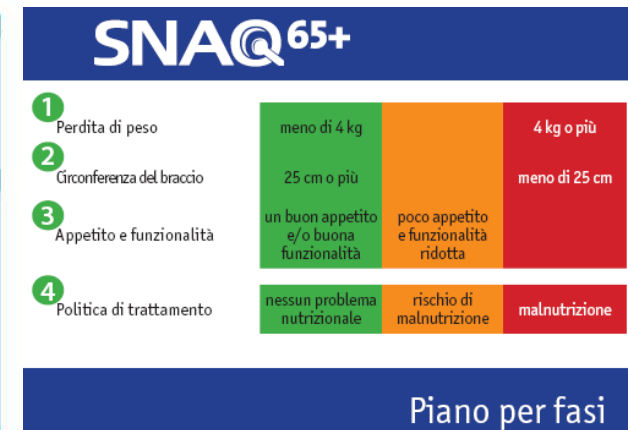
Hatten Sie im vergangenen Monat weniger Appetit?

Messen Sie den BMI

BMI unter 20 ist rot
BMI von 20 bis 22 ist orange
BMI von 22 bis 28 ist grün
BMI über 28 bedeutet Übergewicht

Gesamtscore Fragen + BMI

• + • = •
• + • = •
• + • = •
• + • = •



SNAQ⁶⁵⁺

1. Perdita di peso
2. Circonferenza del braccio
3. Appetito e funzionalità
4. Politica di trattamento

meno di 4 kg		4 kg o più
25 cm o più		meno di 25 cm
un buon appetito e/o buona funzionalità	poco appetito e funzionalità ridotta	
nessun problema nutrizionale	rischio di malnutrizione	malnutrizione

Piano per fasi

Undernutrition screening survey in 564,063 patients: patients with a positive undernutrition screening score stay in hospital 1.4 d longer¹

Hinke Kruizinga,^{2,3,10*} Suzanne van Keeken,² Peter Weijts,³ Luc Bastiaanse,^{2,4} Sandra Beijer^{2,5} Getty Huisman-de Waal,^{2,6} Harriët Jager-Wittenaar,^{2,7} Cora Jonkers-Schuitema,^{2,8} Mariël Klos,^{2,9} Wineke Remijnse-Meester,^{2,10} Ben Witteman,^{2,11} and Abel Thijs^{2,3}

Am J Clin Nutr. 2016 Apr;103(4):1026-32.

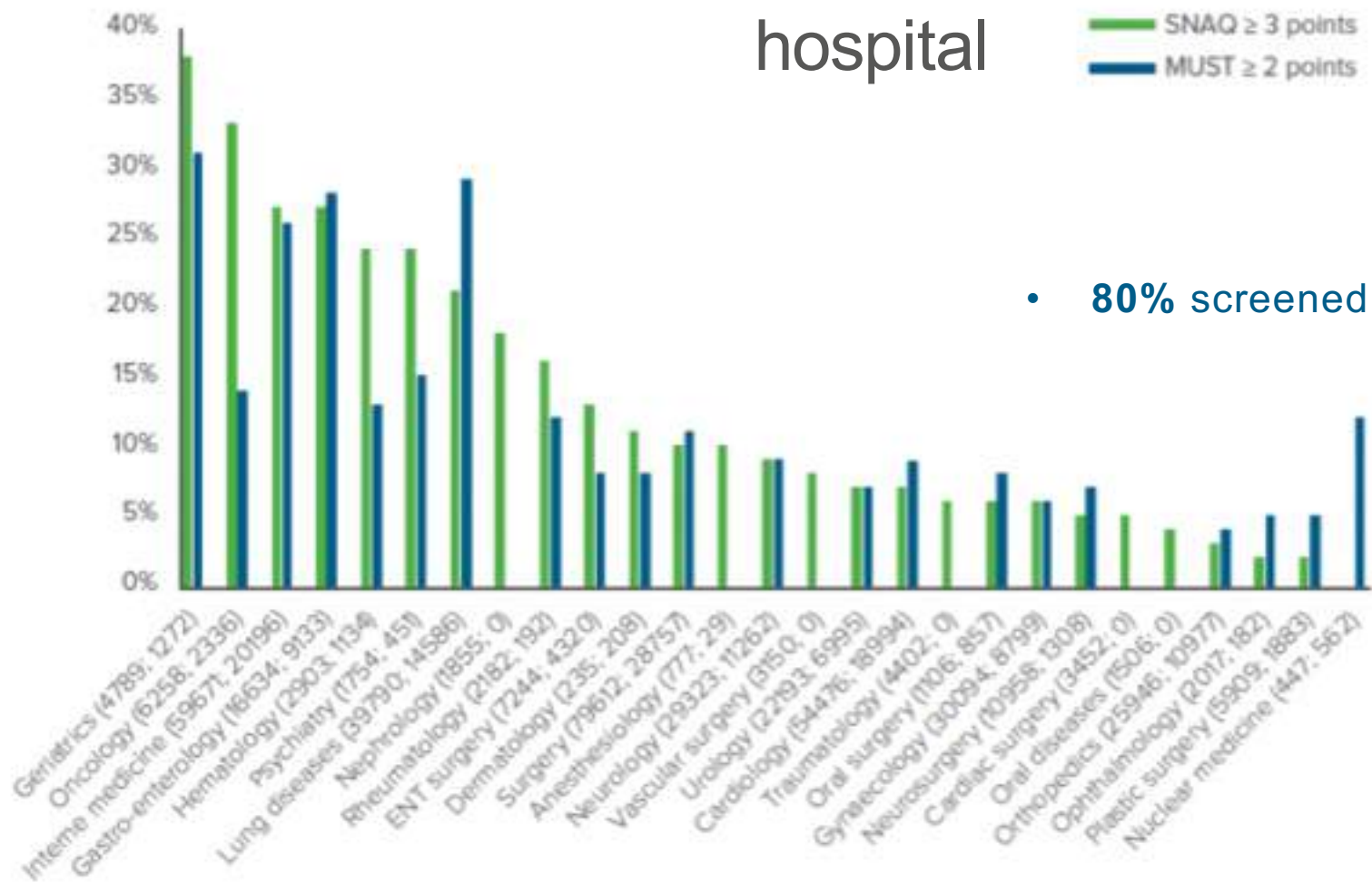


Figure 2 – Prevalence upon hospital admission of screening outcome malnourished by medical specialism. Criteria used: SNAQ and MUST score malnourished (2)

(Kruizinga, 2015)

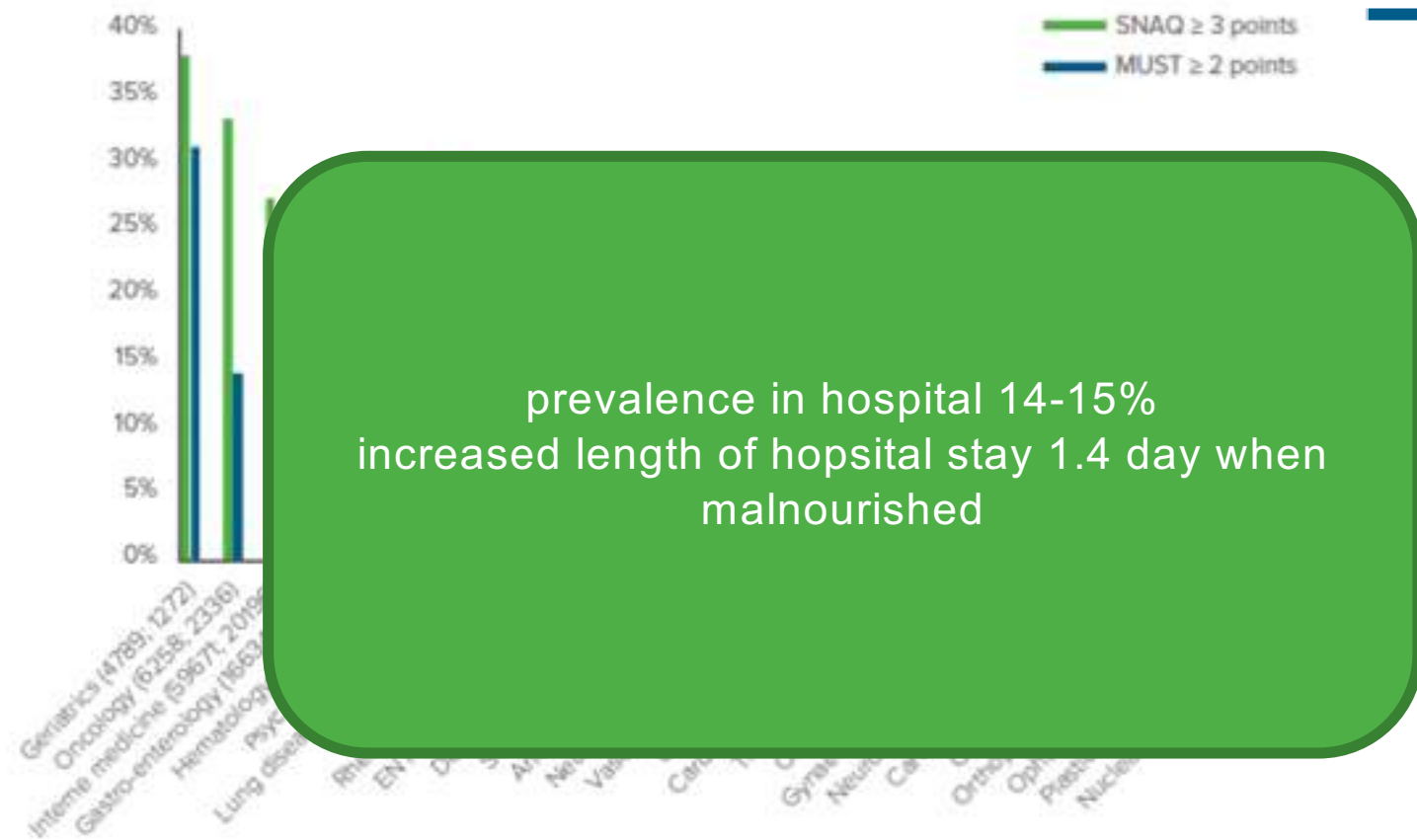


Figure 2 – Prevalence upon hospital admission of screening outcome malnourished by medical specialism.
Criteria used: SNAQ and MUST score malnourished (2)

(Kruizinga, 2015)

Food concepts in hospital

- commissioned by Dutch Ministry of Health

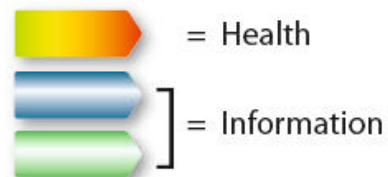
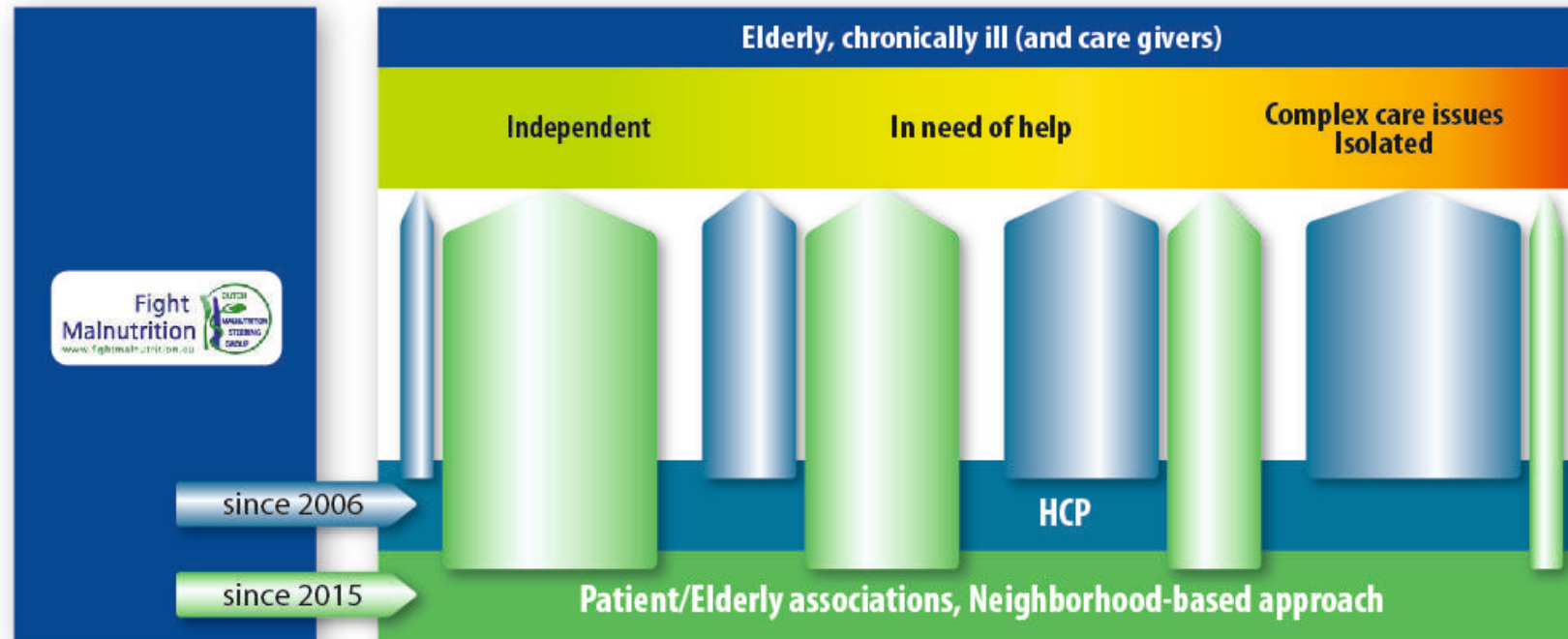
What food concepts are being used in Dutch hospitals?

- Food concept: covers all aspects related to food service in the hospital, like purchase, meal preparation, distribution, meal supply, presentation, service and waste treatment.
- online questionnaire (response 96% of hospitals) 13 interviews
- benchmark of most and least ideal situation

Tabel 2 – Benchmark van de meest ideale en de minst ideale situatie per kenmerk van het voedingsconcept in de Nederlandse ziekenhuizen.

Kenmerk	Meest optimale situatie	%	Minst optimale situatie	%
VOEDINGSCONCEPT				
Mogelijkheden voor maaltijden en tussendoortjes op zorgafdeling	Onbeperkte mogelijkheden voor koude en warme maaltijden en tussendoortjes	*	Minimale mogelijkheden voor tussendoortjes, hoofdmaaltijden op vaste tijdstippen vanuit keuken	*
Verbetercultuur	Structurele evaluatiemomenten en patiënt tevredenheidsonderzoek	75%	Geen structurele evaluatiemomenten en verbeterprocessen	11% Onbekend: 14%
Voedingswaarde	Richtlijnen voedingswaarde voor maaltijden of tussendoortjes vastgesteld, voedingswaarde	90%	Geen richtlijnen voor maaltijden of tussendoortjes vastgesteld, voedingswaarde onbekend	10%

Focus on the community-dwelling older person



1. Dutch Ministry of Health: Prevention of malnutrition in community-dwelling older adults

Target groups

- community-dwelling older adults without severe health problems
- informal care givers

Aim

- increase awareness about risk of malnutrition among community-dwelling older adults and their informal care givers

How

- create information and self management tools for community-dwelling older adults and their informal care givers
- develop educational material for health professionals working with community-dwelling older adults



Ministerie van Volksgezondheid,
Welzijn en Sport

2: Health Insurance Company: Prevention of malnutrition in community-dwelling older adults with (risk of) malnutrition in Friesland

Target groups

- community-dwelling older adults in primary care
- informal care givers
- professionals in health and social work

Aim

Integration of information, tools and support to prevent malnutrition for community-dwelling older adults with risk of malnutrition.

STICHTING
DE FRIESLAND
STEUNT INNOVATIES IN DE ZORG



1. Prevention of malnutrition in community-dwelling older adults



Ministerie van Volksgezondheid,
Welzijn en Sport

2: Prevention of malnutrition in community-dwelling older adults with (risk of) malnutrition in Friesland

STICHTING
DE FRIESLAND
STEUNT INNOVATIES IN DE ZORG

healthy nutrition for
healthy ageing

 goed gevoed
ouder worden

Fight
Malnutrition
www.fightmalnutrition.eu

 DUTCH
MALNUTRITION
STEERING
GROUP

1
nutrition
ing Group

Project Healthy nutrition for healthy ageing

Bringing together different experts in one team:

- research
- clinical expertise (dietitians, physicians)
- specialist network dietetics: older adults
- general practitioner older adults
- representatives of home care organisations
- representatives of associations for older adults
- organisations for quality of health care
- Dutch Association of Dietitians
- Dutch nutrition centre

and.. older adults and informal care giver!



Project Healthy nutrition for healthy ageing

focusgroups with older adults and informal care givers



“Malnutrition?
That happens in Africa.
That was during the war.”

“This website looks nice, but I would also like to be able to
get this information on paper.”

Project Healthy nutrition for healthy ageing



Goed gevoed of ondervoed | [Test uzelf](#) | [Adviezen](#) | [Recepten](#) | [Voorzieningen](#) [Zoeken](#) 

Als goed eten moeilijker wordt

Bij het ouder worden is een goede voeding, samen met beweging, belangrijk voor het behoud van spierkracht en conditie. Misschien merkt u dat u minder ver kunt lopen dan voorheen, of dat u meer moeite krijgt met dagelijkse dingen? Dit kan te maken hebben met uw voeding. Want als eten moeilijker wordt, kan dat leiden tot tekorten en uiteindelijk tot ondervoeding. Maar wat is nu een goede voeding? Op deze website vindt u informatie en adviezen over zowel goede voeding als ondervoeding bij ouder worden.

[Lees meer](#)




Over ondervoeding
Gewichtverlies niet per se gezond




Test uzelf
Goed gevoed of ondervoed?



Praktische adviezen
Als goed eten moeilijker wordt



Goed gevoed of ondervoed | Test uzelf | Adviezen | Recepten | Voorzieningen

ZOEKEN 

Doe de test!


Goed eten en voldoende bewegen is belangrijk voor uw gezondheid. Via onderstaande zelftesten kunt u ontdekken:

hoe gezond u eet en hoe het nog beter zou kunnen (*Hoe eet ik nu?*)

wat uw risico op ondervoeding is (*Ben ik ondervoed?*)

of het voor u veilig is om te bewegen (*Mag ik bewegen?*)


eating behaviour



Hoe eet ik nu?
Start de test


>

risk of malnutrition




Ben ik ondervoed?
Start de test

>



Mag ik bewegen?
Start de test


>




Beweeg ik voldoende?
Start de test

>

exercise

 Bent u zorgverlener?

based on outcome: advise
data collection

 Dutch
Malnutrition
Steering Group

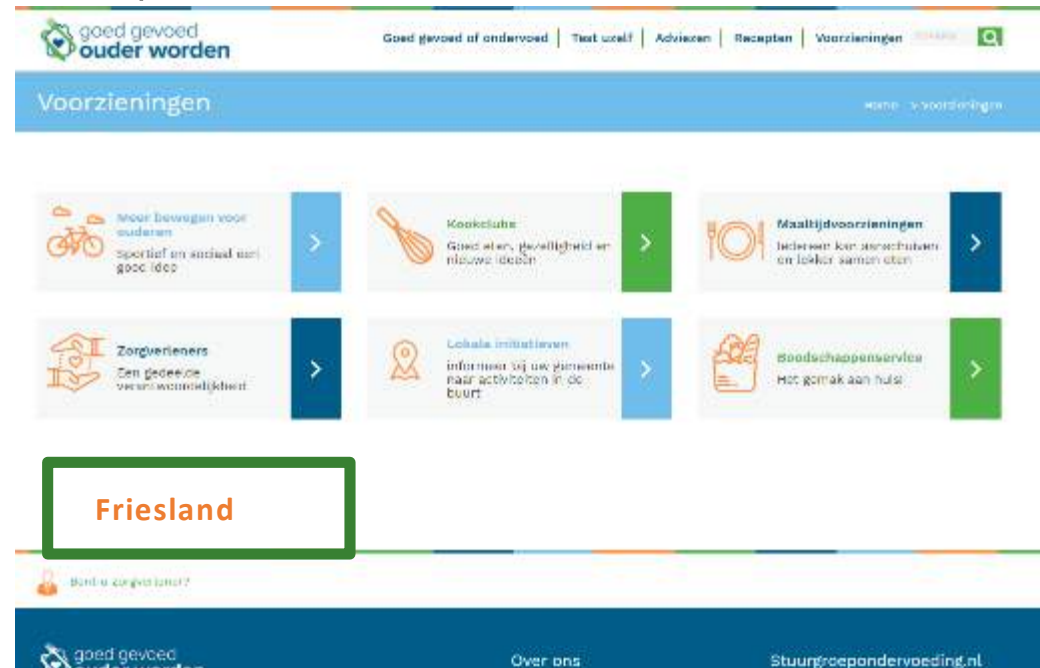
“When I asked my parents what they had organized to keep living at home, they said: two daughters!.”



Project Healthy nutrition for healthy ageing

Outcomes of focusgroups were used to:

- develop written materials
- develop local page on website
- organize meetings to provide information (together with trained dietitians)



Lessons learned

- Older adults 'are not malnourished'
- They want to focus on what nutrition brings them
- Very little knowledge!
- Healthy nutrition at old age = fat, sugar, salt (but not protein)
- Talk about food products, not about nutrition
- They do not believe health claims
- They eat what they know / have known to be good for long
- Money decides what to buy, not quality or taste



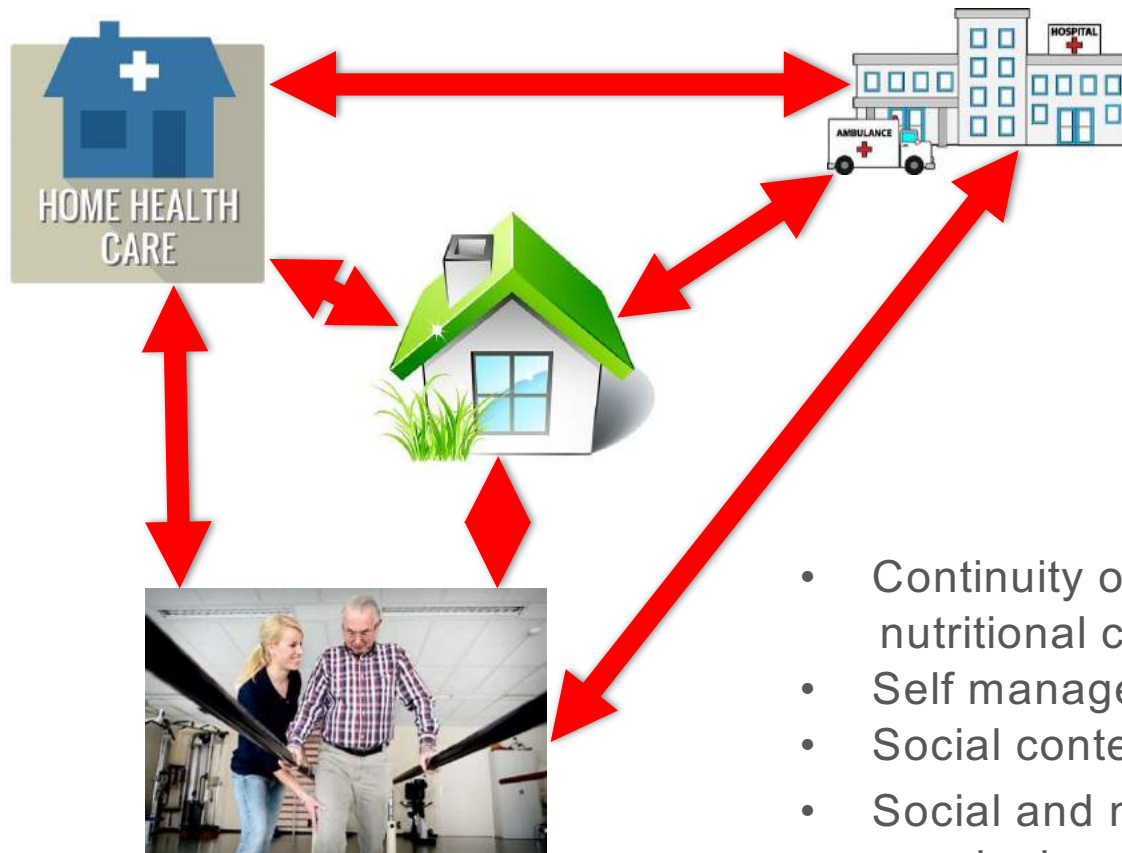
Lessons learned

- Screening tools mostly focus on already being malnourished
- Screening for risk-factors may be more helpful
- The GP is person who is trusted (-> educate)
- Database of dietitians to provide training/ education

→ applying for uptake in database of National Institute for Public Health and the Environment

Project personal nutrition passport

Aim: to optimise nutritional care in transfer between different settings



“When people come home after hospital stay, they don’t feel like asking for help in eating. There should be better communication between hospital and primary care.”

- Continuity of nutritional care
- Self management
- Social context
- Social and medical support nearby home

Project personal nutrition passport

- Focus groups and interviews with older adults, informal care givers, health and welfare professionals in different settings

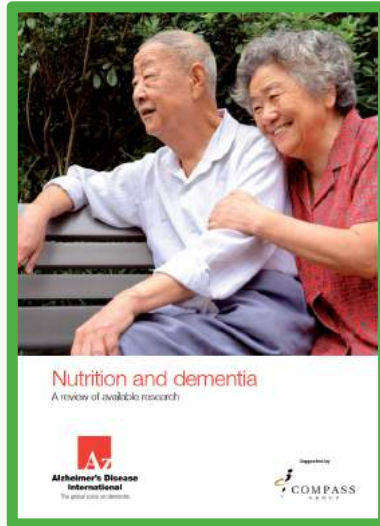
“How do I manage my own health, I never learnt how to do that”

- Results will be used to:
 - to optimise communication processes/ nutritional care in transfer between different settings
 - develop a personal nutrition passport



www.stopdebankiers.com

Preventing undernutrition in community-dwelling persons with dementia



Treatment of nutrition related problems in community-dwelling persons with dementia

- Weight loss is a common problem in dementia.
- Undernutrition can and should be avoided
- Very low scientific evidence in total for effective interventions
- Combining dietary treatment with occupational therapy as an intervention strategy is recommended by the Alzheimer's Disease International.



Aim TrEat

To develop and evaluate an intervention that combines the best evidence and practice from dietetics with occupational therapy and 6 dimensions of positive health.

Areas of focus

1. optimal nutrition for **community-dwelling older adults** (optimising current materials and website, new project on dementia)

- strengthening collaboration with local authorities, patient groups
- rolling out concept Healthy Nutrition for Healthy Ageing to other regions
- food concepts outside the hospital, to start with ready-made home-delivered meals
- malnutrition and oral health
- keeping attention for chronic and acute patients

Areas of focus

2. **education:**

- dietitians trained to help DMSG in dissemination of project outcomes and education of other health professionals
- malnutrition as part of study programmes of health care professionals (expert group education established to incorporate nutrition into study programs of nurses, carers)

3. Optimal nutrition care in **chain of care** (e.g. outcomes nutrition passport)

Barriers and facilitators

- + DMSG recognised as the authority in NL (and beyond) → relationship with ministry of Health, requests for participation in (international) projects
- + Ministry of health is the main funder, through grants
 - No regular income, reason for existence always unsure
- + Most malnourished people live in the community
 - How to reach these people?
- + Positive climate for nutrition
- + More focus on *education* and *practice based evidence*
- + Engagement of older adults
 - Shortage of knowledge among (almost) everybody

More information: www.fightmalnutrition.eu




Home


Dutch Approach on
Malnutrition


Primary Care and
Home Care


Hospital


Nursing Home


The Dutch
Malnutrition
Steering Group

Dutch malnutrition Steering Group
We are the national multidisciplinary knowledge centre for the awareness, prevention, identification and treatment of malnutrition. Our mission is to coordinate the collaboration between stakeholders and to initiate activities to reduce malnutrition. [Read more...](#)

Info@fightmalnutrition.eu



Primary Care and Home
Care

READ MORE



Hospital

READ MORE



Nursing Home

READ MORE

Netherlands' Association for Older Persons (KBO-PCOB): Outpatient nutritional care

Cees Smit, *Platform Patiënt and Nutrition*

Healthy ageing starts with healthy nutrition

Ellen Willemsen (KBO/PCOB)

(presented by Cees Smit)

ONCA, Leiden, June 8, 2018

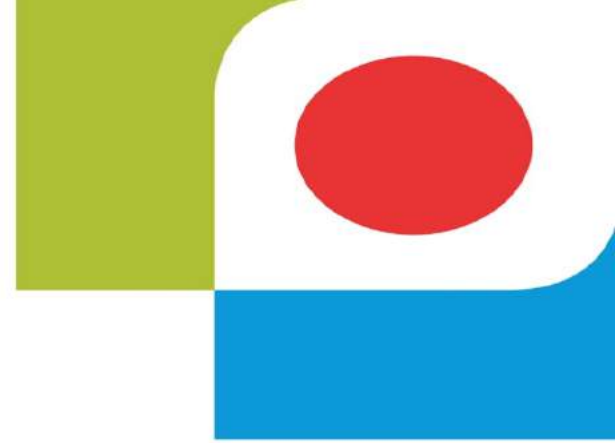
Who is KBO-PCOB?

- The largest organization of seniors in The Netherlands with 250.000 members and 800 local chapters
- Goals:
 - Creating a society in which seniors can fully participate
 - Social interaction and support



Focus

- longer living at home (care and living)
- purchasing power and finances
- meaning of life
- security
- E-health/digitalization



Principles

- Co-creation (with, for and by elderly)
- Elderly perspective
- Cooperation



Our activities on nutrition

1. Lobby
2. Health literacy / awareness
3. Projects Cordon Gris, Active@home (AAL-projects)



Lobby

Goals:

1. Lifestyle medicine
2. No malnutrition in hospital or at home
3. Prevention – positioned in Governmental agreement
4. Healthy ageing starts with healthy nutrition



Awareness/health literacy

Support healthy ageing

- '40 days without a drop' (Louis van Gaal)
 - Around 1300 participants in February 2018
 - Many positive comments by the participants:
 - 'I feel more active'*
 - 'I do sleep better'*
 - 'I had to get used to less alcohol, but I will participate again next year'*
- Organising different theme events on healthy ageing
- for local chapters



Awareness/health literacy

- Involvement website **Goedgevoedouderworden.nl** with tests and tips.
- Articles about healthy nutrition in our magazine



AAL-Projects

Active Assisted Living-projects:

- Cordon Gris
- Active@home (aal-europe.eu/projects/activehome)
about fall prevention through exercises on TV screens



Focus on CordonGris.eu

- Assist seniors to make better choices about healthy nutrition – app
- CordonGris aims at assisting older people in maintaining a healthy and independent life on a budget by providing meal recommendations, health track and grocery shopping assistance.
- Through a system with friendly user interfaces, CordonGris will help users plan their meals and manage their budget without compromising the quality of their diet.



For more information:

Jan Brinkers, AAL-projects, policy advisor
Ellen Willemsen, policy advisor

Jan.Brinkers@kbo-pcob.nl
Ellen.Willemsen@kbo-pcob.nl

www.kbo-pcob.nl

E-mail: info@kbo-pcob.nl

Phone + 31 30 3 400 600.

Break

Good practices presented by five ONCA countries: 'How to monitor and support patients from inpatient to outpatient settings'

Agathe Raynaud-Simon, *France*

Milena Blaž Kovač, *Slovenia*

Josefa Kachal, *Israel*

Aníbal Marinho, *Portugal*

Elisabet Rothenberg, *Sweden*

French Good Practices

Agathe Raynaud-Simon,
France



France

Good practices

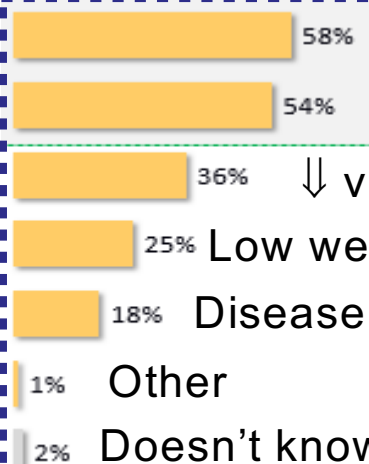
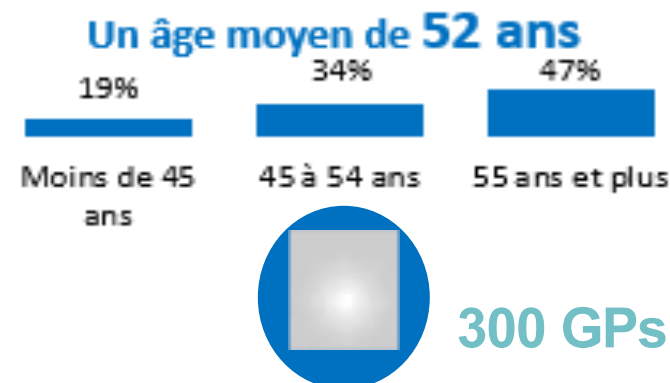
Opinion survey 2018



Have heard
about malnutrition



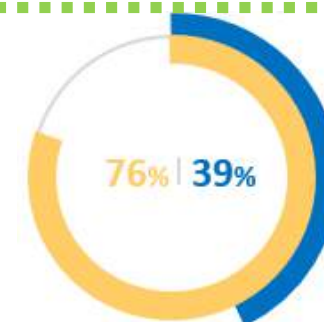
1001 persons



Find it difficult to
define malnutrition



Think malnutrition is
a cause for morbidity



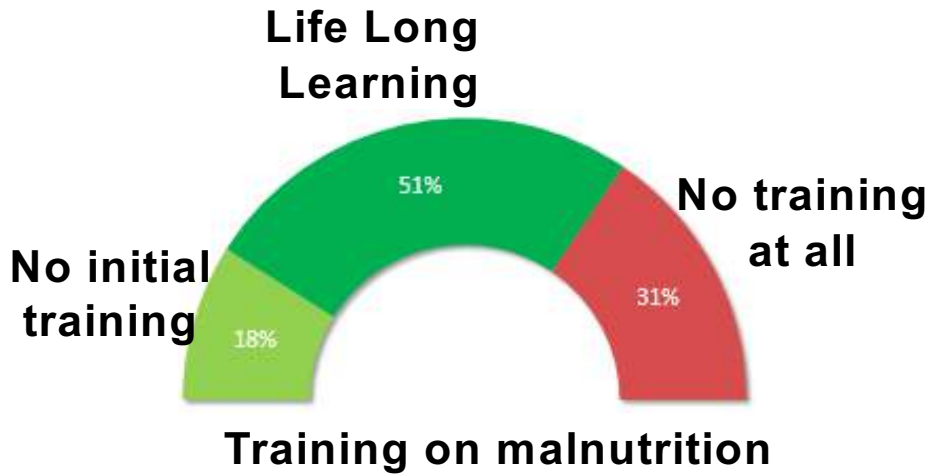
Think weight loss is
unavoidable if severe disease



France

Good practices

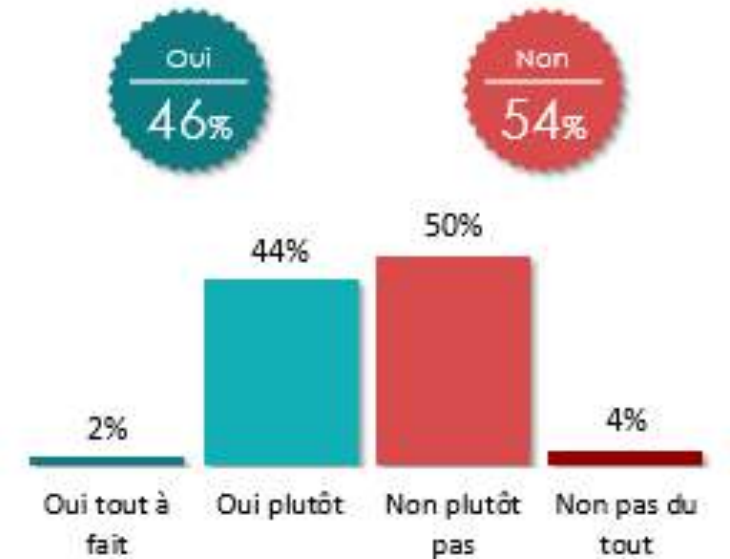
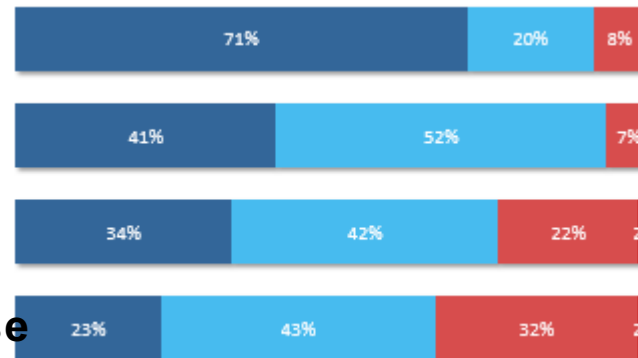
Opinion survey 2018



300 GPs

First visit
Chronic disease
Post hospital discharge
After acute disease

Weight measurement



Do GPs have enough training to treat/manage malnutrition ?



France

Good practices

Political meetings 2018



date	Name	Instance	Party	From	Commity
24/03/18	O. Veran	Member of parliament	LRM	Isère	Social affairs
04/04/18	C. Deseyne	Senator	LRM	Eure & Loire	Social affairs
28/03/18	N. Grelot	Senator	PS	Sarthe	Social affairs
28/03/18	S. Rist	Member of parliament	LRM	Loiret	Cultural Educ affairs
11/01/18	E. Courteau	Senator	PS	Aude	Economic affairs

The evaluation of clinical nutritional pathway in primary care system

Milena Blaž Kovač,
Slovenia

The evaluation of clinical nutritional pathway in primary care system

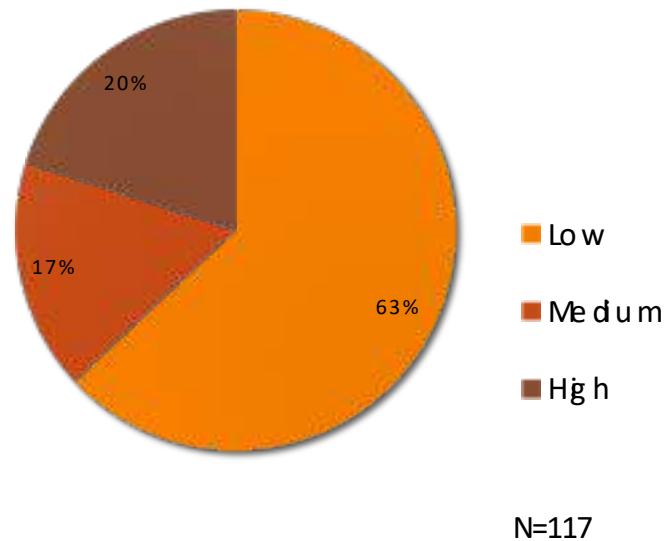
MILENA BLAŽ KOVAČ

Primary health care – nutritional risk

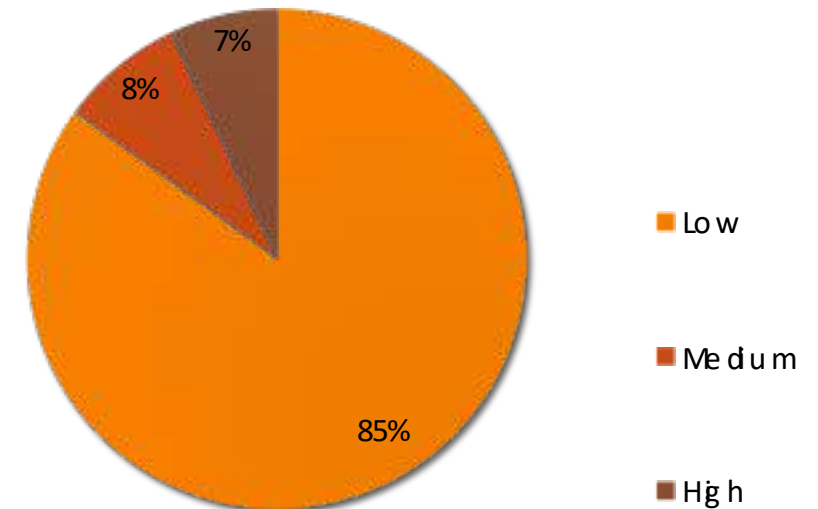
- It is well known that malnutrition is not a problem just in hospitals, is even a bigger problem in community!
- Risk groups: elderly, patients with chronic diseases
- Malnutrition screening tools: MUST, SGA, NRS 2002
- Malnutrition increases expenses for health care!

Slovenia: We have a problem at primary health care level!

MUST - Undernutrition risk screening



MUST - chronic patients

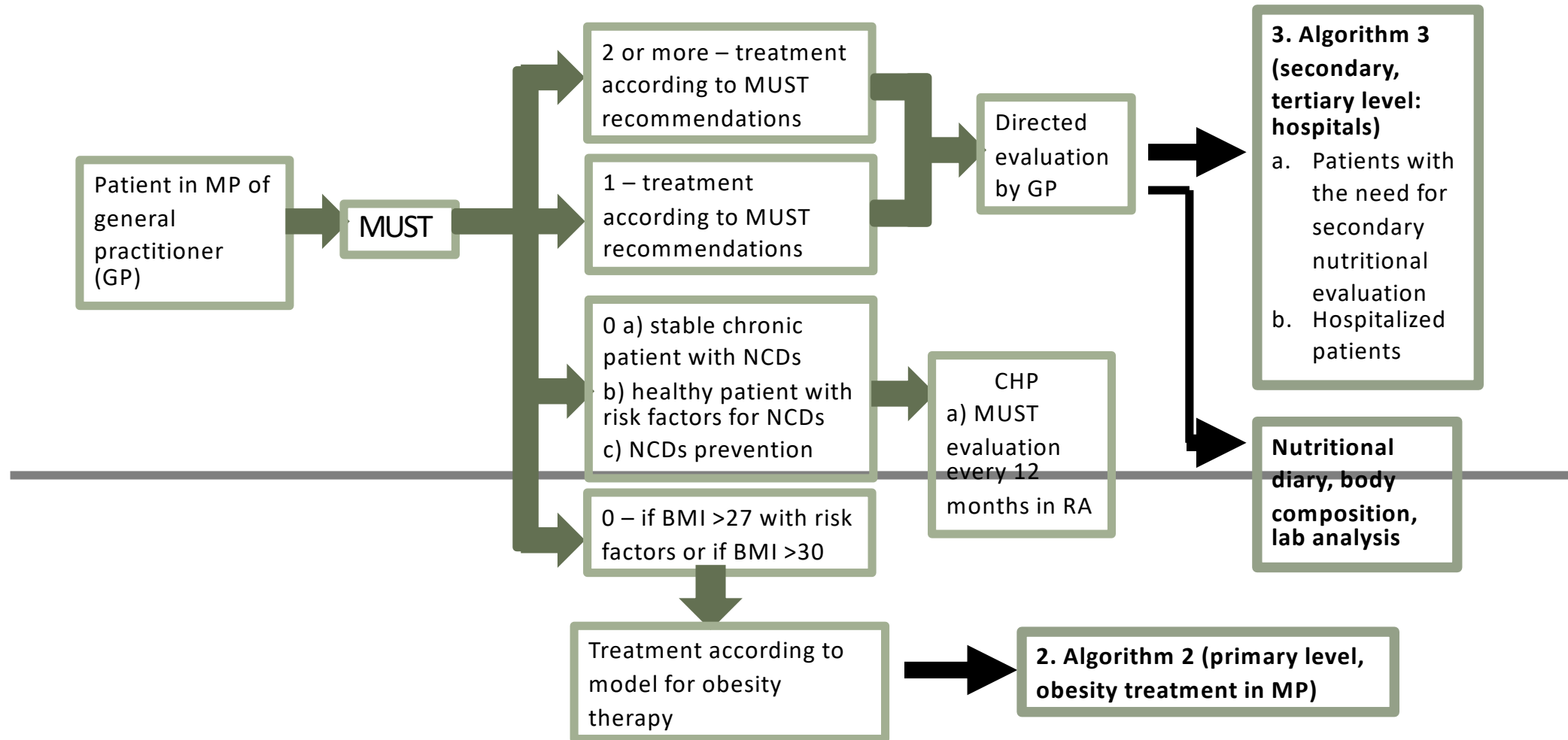


MUST – All Ptc visits

N=1175

How we can approach?

Algorithm 1 (primary level: MP, Center of health promotion (CHP))



Introduction of clinical dietitian in primary health care system



Cooperation with GP (nutritional diagnosis)

Nutritional care procedures

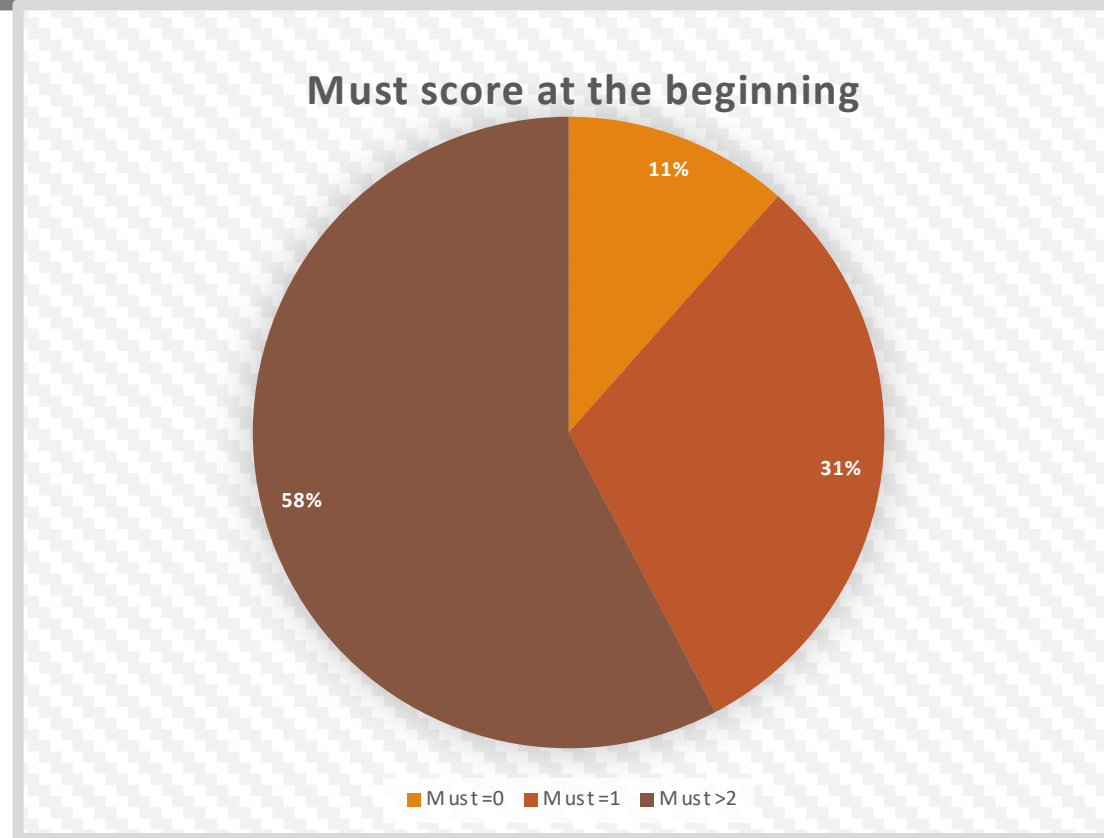
Link to secondary and higher levels of health system

Methods

Community Health Centre Ljubljana

- 2017 january-may,
- Ten GP participated in study - with their patients who were at risk for malnutrition
- Clinical dietitian was involved in nutrition care
- n= 30 (f/19, m/11)
- Age: 35y – 87y

Results



Results

Compliance - 81 % of patients finished 4 months nutritional treatment

Success regarding nutritional treatment:

- ❑ 67% of patients increase body mass
- ❑ 23% keep stable body mass
- ❑ 10% lower body mass

Other activities

Medical publication

Espen congress Wien 2022

Introduction of Clinical nutrition in primary care system

Thank you



Outpatient nutritional care: 'Challenges and solutions' in Israel

Josefa Kachal, *Israel*



**MINISTRY
OF HEALTH**



healthier life

Good Practices: Outpatient nutritional care: ‘challenges and solutions’ in Israel

Josefa Kachal, RD MPH, Ronit Endevelt RD, PHD
**Nutrition Division, Public Health Services, Ministry of
Health, Israel**

Topics to be discussed:



hier life

- **Challenges and solutions in implementing the MSRA screening tool in the health records and in the CAMONI (people like me) website.**
- **Data on the prevalence of sarcopenia (using the MSRA screening tool) in a pilot study on falls in the elderly**
- **Good practice- a compulsory tutorial on screening for malnutrition for physicians and nurses in all health care settings**

ASSESSING THE RISK OF SARCOPENIA IN THE ELDERLY: THE MINI SARCOPENIA RISK ASSESSMENT (MSRA) QUESTIONNAIRE

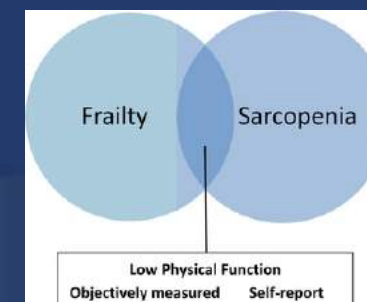
A.P. ROSSI¹, R. MICCIOLO², S. RUBELE¹, F. FANTIN¹, C. CALLARI¹, E. ZOICO¹, G. MAZZALI¹,
E. FERRARI¹, S. VOLPATO³, M. ZAMBONI¹

healthier life

A reminder !!!

In Israel we are
trying to implement
the MSRA
Questionnaire with
7 questions

	7 items	5 items
1-How old are you?	Score	Score
≥70 years	0	0
<70 years	5	5
2-Were you hospitalized in the last year?		
Yes, and more than one hospitalization	0	0
Yes, one hospitalization	5	10
No	10	15
3-What is your activity level?		
I'm able to walk less than 1000 meters	0	0
I'm able to walk more than 1000 meters	5	15
4-Do you eat 3 meals per day regularly?		
No, up to twice per week I skip a meal (for example I skip breakfast or I have only milky coffee or soup for dinner)	0	0
Yes	5	15
5-Do you consume any of the following?		
Milk or dairy products (yogurt, cheese), but not every day	0	-
Milk or dairy products (yogurt, cheese) at least once per day	5	-
6- Do you consume any of the following?		
Poultry, meat, fish, eggs, legumes, ragout or ham, but not every day	0	-
Poultry, meat, fish, eggs, legumes, ragout or ham at least once per day	5	-
7-Did you lose weight in the last year?		
>2 kg	0	0
≤2 kg	5	10



J Nutr Health Aging
Volume 21, Number 6, 2017



Social Networks: Motke



פאנצ'ריס לאשויס
מוטק'ה
MOTKE
Connecting with people
www.motke.co.il

Two social networks for supporting patients

althier life

Every month 400,000
entries 10% by elderly

Every month 250,000
entries 25% by elderly



Social Networks: Patients as me



כמוני
חברים לבריאות

Camoni ("Like Me") Social network

The two websites were established by Prof Mordechai Shani, former general manager of the MOH and of the Sheba medical center



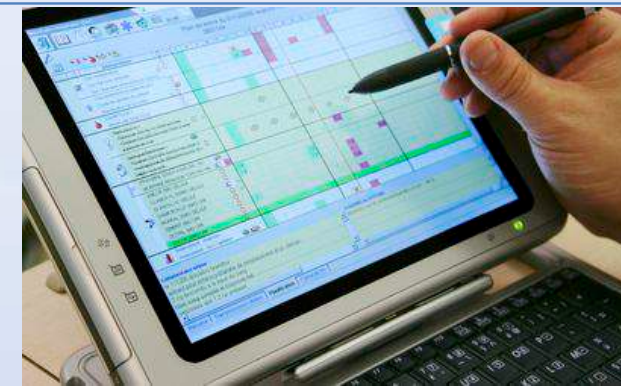
hier life

- ✓ largest social network in the field of health in Israel for the empowerment of patient coping with chronic diseases.
- ✓ The aim is to combine professional information with social networking capabilities for problem solving, emotional support, and sharing.
- ✓ It has dozens of communities in different fields, including: Diabetes, Heart Disease, Pain, Stroke etc
- ✓ Each community is run by doctors and professionals, and they are joined by community leaders, who are patients who have coped with the same disease
- ✓ The site provides social and professional tools for dealing with various health situations

The MSRA questionnaire in the social network

<https://www.camoni.co.il/%D7%91%D7%97%D7%9F-%D7%90%D7%AA-%D7%A2%D7%A6%D7%9E%D7%9A--%D7%94%D7%90%D7%9D-%D7%90%D7%AA%D7%94-%D7%A0%D7%9E%D7%A6%D7%90-%D7%91%D7%A1%D7%99%D7%9B%D7%95%D7%9F-%D7%AA%D7%96%D7%95%D7%A0%D7%AA%D7%99->

<https://www.camoni.co.il>



Guidelines for those who fill the MSRA tool:



NUTRITION PLAN



hler life

- 'The aim of this questionnaire is to check whether you are at nutritional risk. There are many other variables which affect your nutritional status. Therefore, this is not a substitute for a deep nutritional assessment done by a dietician or a GP's assessment'
- **If your score is < 30 points, print the questionnaire .**
- **You have been found to be at nutritional risk according to this questionnaire. We recommend that you go to a registered nutritionist for a comprehensive nutritional assessment and intervention.**
- **Or, take this questionnaire to your GP at your next visit and ask to be referred to a nutritionist**

Guidelines for those who fill the MSRA tool:

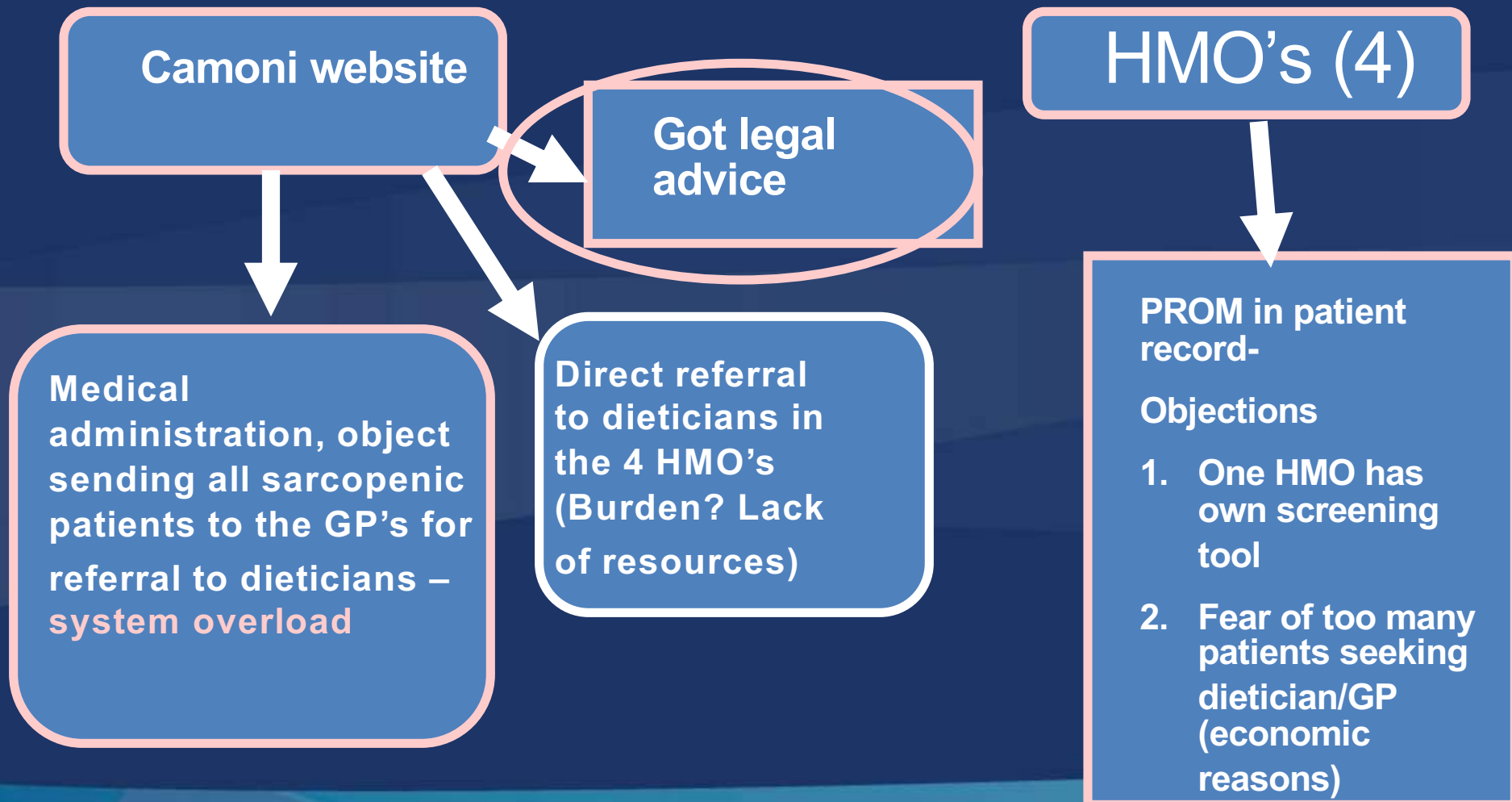


If score is ≥ 30 points

- You have not been found to be at nutritional risk.
- 'repeat this questionnaire in a year'.
- 'for successful aging we recommend you eat a healthy diet and engage in physical activity.
- **Be aware!! If you lose weight go to your GP**

MSRA implementation- challenges and solutions

hier life





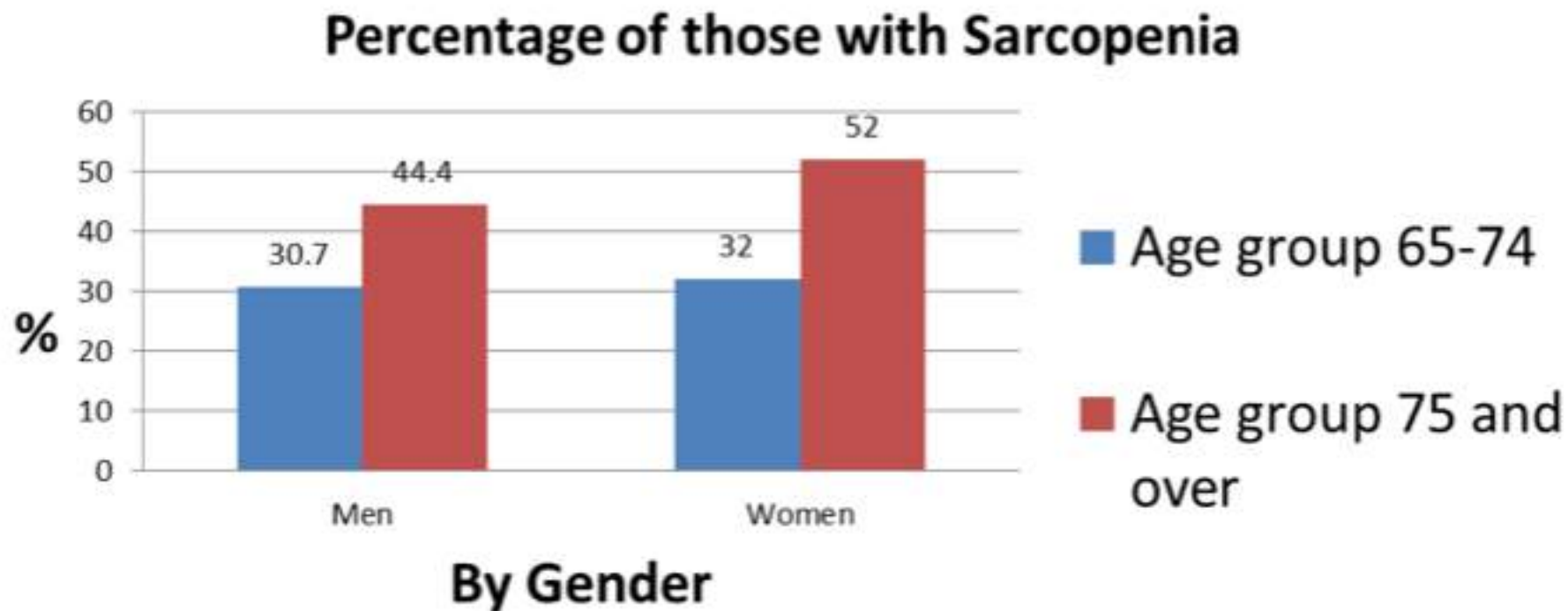
ICDC survey on falls- as part of the national program on falls prevention



hler life

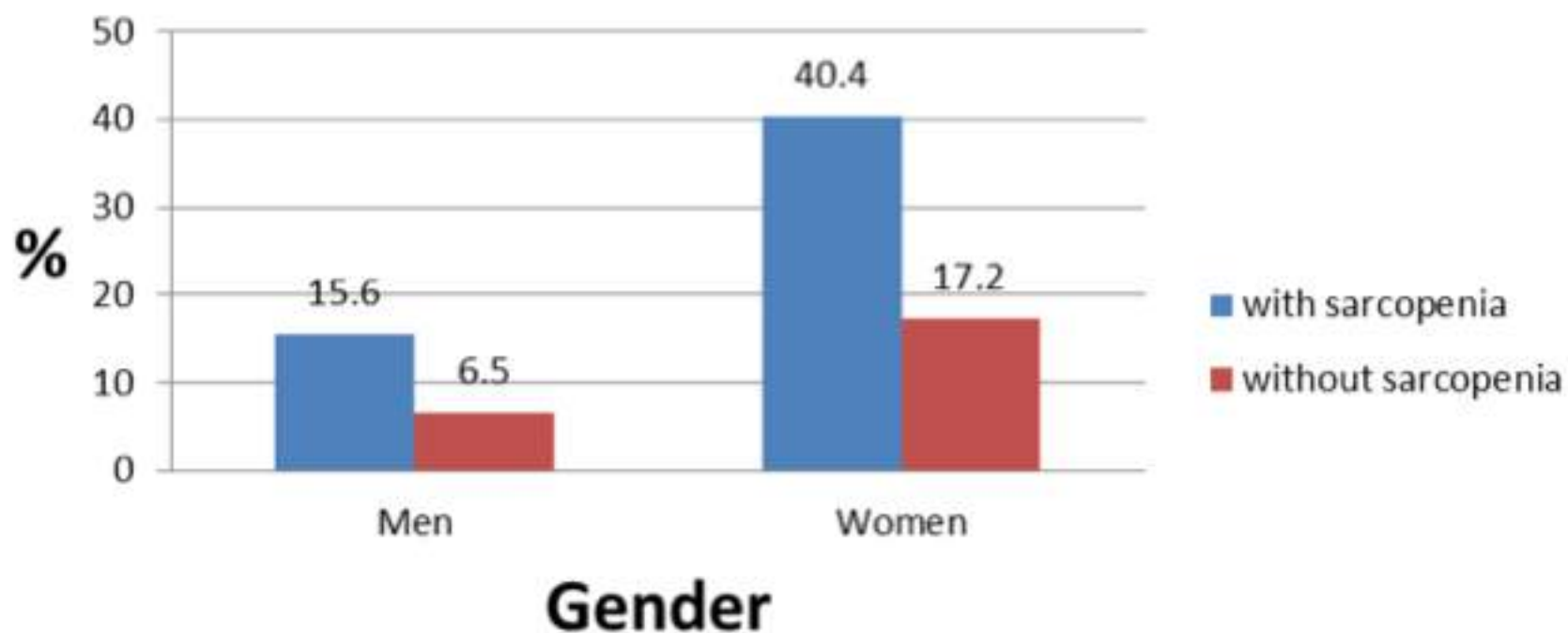
- Cross-sectional telephone survey
- A random representative sample of 3000 elderly citizens living in the community (Ages 65+) Arabs and Jews
- Exclusion criteria- dementia, not able to talk, don't know date of birth
- Questionnaire in three languages – included the MSRA questionnaire, and the Predimed screener.
- Data will be presented for 635 subjects





$P < 0.001$

Falls by Sarcopenia status



$P < 0.001$

Tutorial teaching nurses and physicians in all care settings how to screen for malnutrition using 3 validated tools

Screening tool

Choose one of the three screening tools used in your facility

The link for each tool



[SNAQ](#)



[MNA](#)



[MUST](#)



**MINISTRY
OF HEALTH**



For a healthier life

Short movie on weighing a patient

From the tutorial



Special thanks to:



Dr Shelly Sternberg- Geriatric division MOH

Dr inbar Zucker- ICDC MOH

Dr Teena Enav- ICDC MOH

Dolev Karolinsky - ICDC, MOH

Gilad Bashan- Research ICDC MOH

Sigalit Labunski - RD, Geriatric division MOH

Rebecca Goldsmith-RD, Nutrition Division MOH

Prof Ronit Endevelt- Director Nutrition Division MOH

Tamar Schifter – Gertner institute Tel Hashomer

Dr Anat A. Zohar- MOH

Esti Didi- MOH

hier life

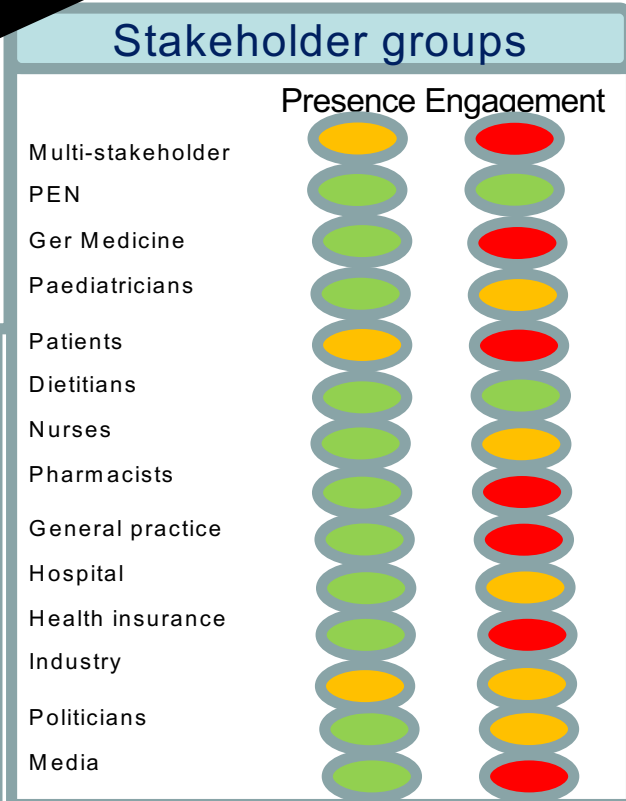
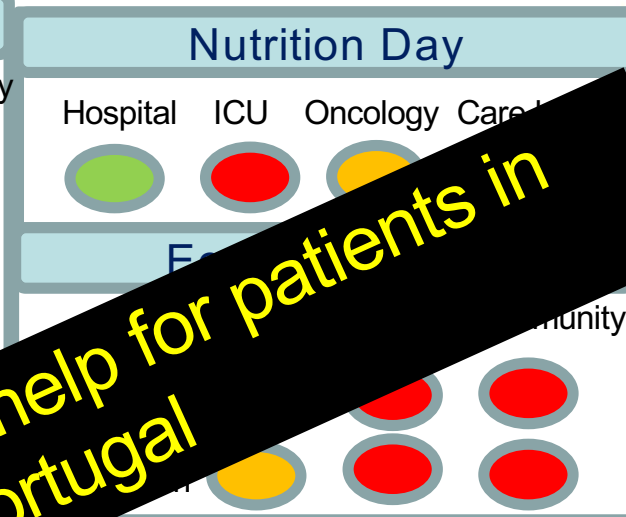
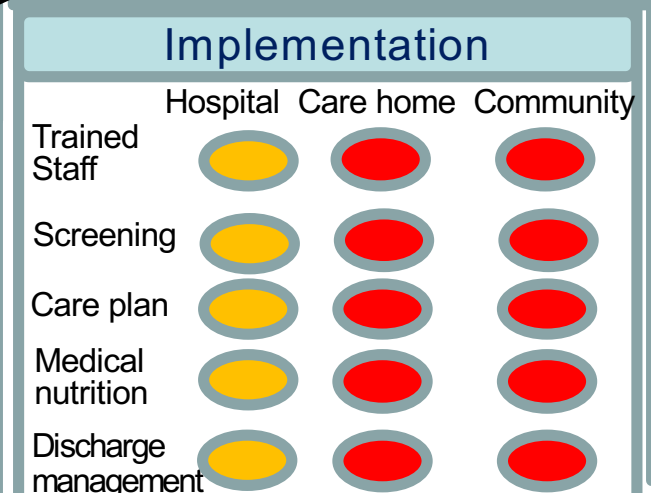
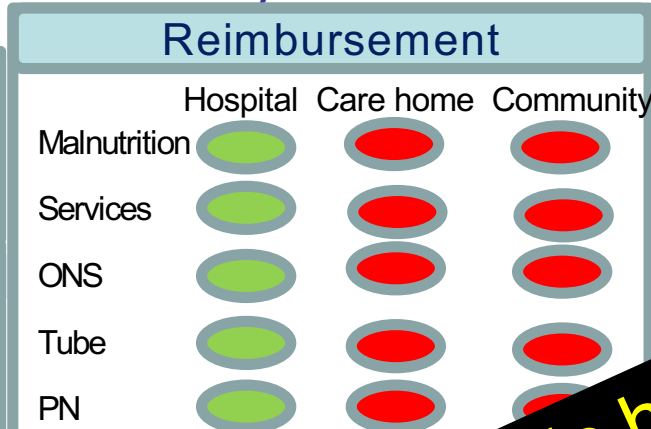
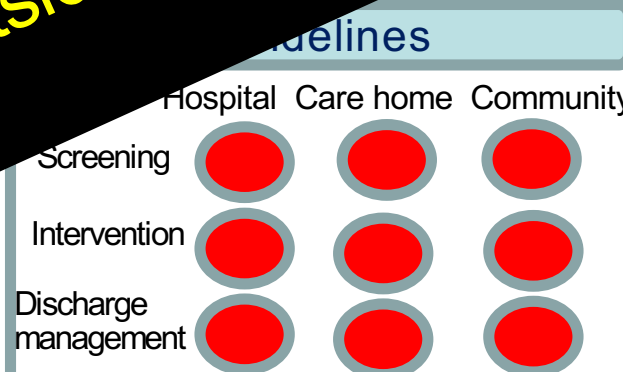
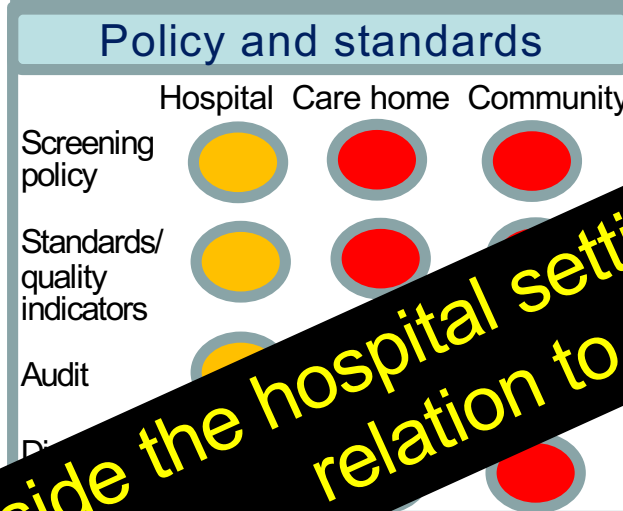
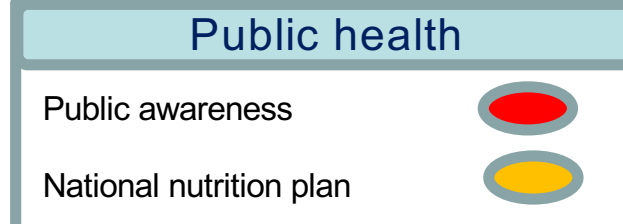
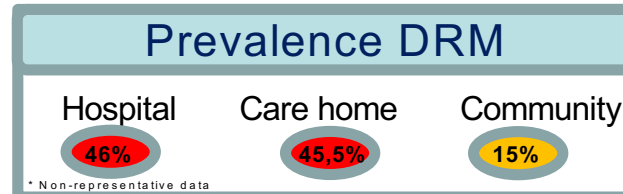
Portuguese Good Practices

Aníbal Marinho,
Portugal

A scenic view of a canal in Leiden, Netherlands. The canal is filled with water, reflecting the sky and the buildings. On the left side, there are several historic buildings with red brick facades and white window frames. Some buildings have gabled roofs. On the right side, there are more buildings, some with white facades, and several boats are moored along the canal. The sky is overcast with grey clouds. The overall atmosphere is peaceful and historic.

2018 Optimal Nutritional Care for All Workshop Friday, 8th June Leiden, Netherlands

Good practices presented by five ONCA countries 'How to monitor and support patients from inpatient to outpatient settings':



Outside the hospital setting there is very little help for patients in relation to nutrition support in Portugal

Good practices in Portugal - 'How to monitor and support patients from inpatient to outpatient settings:

► Background:

- There is no mandatory requirement for nutritional screening of patients within 24 hours of admission into Portuguese hospitals. Therefore, an adequate nutritional care plan is not implemented in due time.
- Currently, there is no legislation in Portugal that regulates outpatients artificial nutrition support, so access to this assistance is limited and expensive, leading to an increase in the length of hospital stay and recurring hospitalization for those patients who require this kind of support.
- The Portuguese Society of Enteral and Parenteral Nutrition (APNEP) has been pressuring/lobbying the government for over fifteen years to no avail regarding this matter.

TIME

for

change



A new dawn...

- In 2017, a **dossier** was compiled by Portuguese PEN Society outlining the importance of **mandatory nutritional screening** of patients within 24 hours of admission into Portuguese hospitals.
- It also detailed which patients **required artificial nutrition support at home** and the estimated cost of this funding.
- Subsequently, a plan for outpatient nutrition support was designed, to be implemented over a period of seven years starting in 2018.

Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
 - The junior Health Minister / the Health Minister / Members of Portuguese Parliament /the Parliamentary Health Committee /the Portuguese medical, nursing, nutritionists and pharmaceutical societies.
 - A meeting between APNEP and the Portuguese Health Minister, the head of Infarmed (the Portuguese FDA), and the head of the Portuguese Health Inspectorate was held in August 2017 where the minister agreed to implement this initiative till 2019.

Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
 - APNEP is in continuous communication with these stakeholders in order to ensure that the plan is implemented as soon as possible;



Chairman of Parliamentary Health Committee



Junior Health Minister

Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
 - APNEP also counted on the support of twelve different patients associations in order to keep up the pressure on these stakeholders.



- APNEP has held and will continue to hold regular meetings with representatives from major pharmaceutical laboratories related to nutrition support (ANID - Member of MNI).

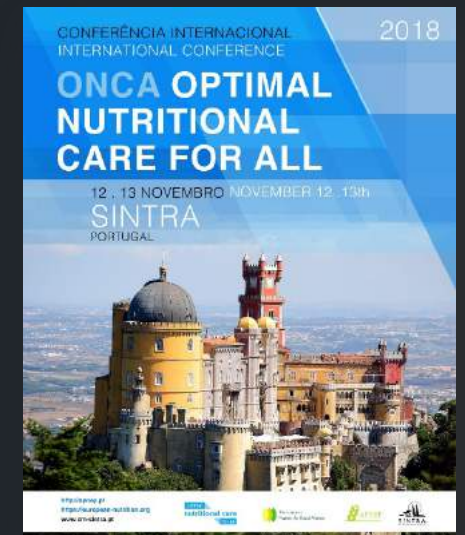
Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
 - APNEP has also provided further nutritional support training to various health care professionals. After Turkey , Portugal is the European country that offers more LLL Courses.
 - APNEP is also creating protocols with several large Health Care Societies to offer LLL courses at their Annual Congresses.



Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
 - In 2018, APNEP will hold three major events in Portugal: A Nutritional Symposium, with LLL courses in Porto (April 2018), The Annual Congress in Lisbon (October 2018) with LLL courses and the ONCA Conference in Sintra (November 2018).



Planned activities...

- **Steps already taken:** Starting in 2017 and continuing in 2018 the dossier was presented to following stakeholders:
- In order to publicize our campaign, the results of recent Portuguese multicentric studies were presented to the Portuguese national news media, including a nationwide malnutrition screening prevalence study in Internal Medicine wards funded by APNEP and similar projects in other high risk populations.

PG-SGA - Scored Patient-Generated Subjective Global Assessment

A PG-SGA = Scored Patient-Generated Subjective Global Assessment – é uma ferramenta de trabalho quantificada que permite realizar avaliação quer do Risco Nutricional, bem como da Avaliação do Estado Nutricional de doentes.

Esta ferramenta permite rastrear todos os fatores de risco associados à malnutrição, permite uma intervenção orientada tendo em conta as recomendações da triagem nutricional, bem como a monitorização do estado nutricional e ainda o resultado da intervenção efetuada em diferentes momentos no longo do tempo.

Este instrumento de trabalho pode ser usado clinicamente em vários contextos – Hospitalar (doente internado e em Ambulatório), Rede de Cuidados Continuados, Lares e no Domicílio – permitindo a identificação de doentes com desnutrição e medição dos resultados da intervenção nutricional a que podem



ter um impacto positivo nos resultados clínicos e, potencialmente, nos custos dos cuidados de saúde. Esta ferramenta da autoria de uma médica americana, Prof.^a Doughter Faith Ottery já foi traduzida para mais de 20 línguas, tendo sido traduzida e validada para a língua holandesa pela Nutricionista Prof. Doughter Harriet Jager-Wittekaar e, para a língua Portuguesa, pelo Nutricionista João Pedro Pinho, Mestre em Nutrição Clínica pela Faculdade Ciências da Nutrição e Alimentação da Universidade do Porto.

A sua utilização da PG-SGA é atualmente recomendada por diversas instituições internacionais tais como a Academy of Nutrition and Dietetics (EUA), a Dietitians Association of Australia, a Dutch Working Group of Oncology Dietitians e o Instituto Nacional do Câncer (Brasil).

Por forma a melhorar os resultados clínicos e a qualidade de vida dos doentes com desnutrição ou em risco nutricional, a utilização em rotina desta ferramenta no de outras de avaliação do risco nutricional é, seguramente, uma prioridade no combate à desnutrição, visto que possibilita um diagnóstico precoce e um tratamento proativo e assertivo.

Dr. João Pedro Pinho

PERSEUTIVAS
Ver2017

Projeto Qualifee

Além da implementação do Projeto Qualifee, financiado pela Norrega, Mideia e Lendacosta, ao abrigo dos EEA Grants, foi possível a realização de estudos de desnutrição e monitorização do estado nutricional nos doentes internados no Centro Hospitalar São João (CHSJ), Porto e na população idosa em algumas das suas áreas de intervenção. Assim, o projeto divide-se entre o hospital propriamente dito e os ACeS de Póvoa do Varzim e Santa Tereza Tolda, pontos de contacto do projeto pela sua referência ao CHSJ.

No CHSJ hospitalar, logo que possível (preferencialmente nas primeiras 48 horas) é realizado rastreio de risco nutricional pelas equipas de enfermagem aquando da entrada do doente e a prevalência das dietas nutricionais é repete de rastreio sempre que o doente é detetado. Todos os doentes são avaliados com risco de desnutrição/desnutridos do estado de saúde com a situação individual é feita a divisão intervenção nutricional para prevenir, evitar ou tratar o problema.

A nível dos doentes da comunidade, a intervenção é feita através de visitas domiciliares, sempre que os ACeS parecem, nem total de 2245 doentes, repartidos entre o ACeS Porto Central e ACeS Santa Tereza Tolda, e os doentes



em risco foram avaliados em consultas de nutrição individualizadas com intervenção orientada para otimizar o seu estado nutricional. Para garantir a qualidade do rastreio, todos os doentes são avaliados com a avaliação de risco nutricional, sendo 49,4% dos doentes avaliados com desnutrição, outros com risco nutricional.

No âmbito da comunidade, os doentes com risco de desnutrição/desnutridos são avaliados com a avaliação de risco nutricional, sendo 49,4% dos doentes avaliados com desnutrição, outros com risco nutricional.

Sistema do Inquérito Curto (SIC) estudos do impacto para a sociedade e para o doente em Portugal

A APNEP vai promover durante o ano de 2017 um estudo que visa obter o impacto do Inquérito do Estado Nutricional Curto (SIC), em Portugal. O SIC é uma das ferramentas mais utilizadas para avaliar o estado nutricional de doentes em Portugal. O objetivo é avaliar o impacto do SIC na prática clínica, quer em termos de diagnóstico precoce e de intervenção nutricional, quer em termos de resultados clínicos e de custos.

Um grande impacto no qualificado de vida dos doentes, no consumo de recursos de saúde e nos custos. O estudo deverá contar com a colaboração das unidades, dos projetos de investigação, quando aplicável, de carácter científico e quando aplicável, de carácter clínico. Com o desenvolvimento deste tipo de estudos poderão ser avaliados os impactos dos doentes com SIC em Portugal, contribuindo para a melhoria dos serviços.

Projeto Nutrition UP ES

O Projeto Nutrition UP ES (<http://nutritionup.es>) foi um estudo de prevalência de desnutrição nutricional na população portuguesa com 65 ou mais anos. Trata-se de um estudo gerador, pois a sociedade portuguesa tem que lidar com um número crescente de pessoas idosas. Os desequilíbrios de uma estado nutricional são consequências extremamente negativas para as próprias pessoas idosas, para as suas famílias, para a sociedade em geral e, consequentemente, para o sistema de saúde. No entanto, estes problemas nutricionais são largamente ignorados e pouco se tem feito, com a ajuda da investigação e da educação.

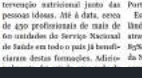
Os objetivos do Projeto Nutrition UP ES são, em primeiro lugar, conhecer o conhecimento científico sobre os desequilíbrios nutricionais das pessoas idosas que vivem na comunidade e, em segundo lugar, avaliar o conhecimento para dar a população idosa e a população em geral um conhecimento e competências novas áreas. Adicionalmente, serão realizadas pesquisas de intervenção de educação de Saúde Pública baseadas em evidência científica. Por isso, os dados do estudo de prevalência de desnutrição nutricional em pessoas idosas, representativo da população portuguesa em termos de sexo, idade, região geográfica e nível educacional. Os resultados mostram que estes desequilíbrios nutricionais são extremamente frequentes. Uma em cada cinco apresenta fragilidade e metade da amostra encontra-se numa situação de vulnerabilidade. Uma em cada dez apresenta anorexia. 1,5% estão desnutridos e 14,8% estão em risco de desnutrição. Além disso, elevada proporção apresenta sintomas de perda de peso (44,5%) e desidratação (34,9%). Por isso, os dados do estudo de prevalência de desnutrição nutricional em pessoas idosas, representativo da população portuguesa em termos de sexo, idade, região geográfica e nível educacional. Os resultados mostram que estes desequilíbrios nutricionais são extremamente frequentes. Uma em cada cinco apresenta fragilidade e metade da amostra encontra-se numa situação de vulnerabilidade. Uma em cada dez apresenta anorexia. 1,5% estão desnutridos e 14,8% estão em risco de desnutrição. Além disso, elevada proporção apresenta sintomas de perda de peso (44,5%) e desidratação (34,9%).

PERSEUTIVAS
Nutri2017



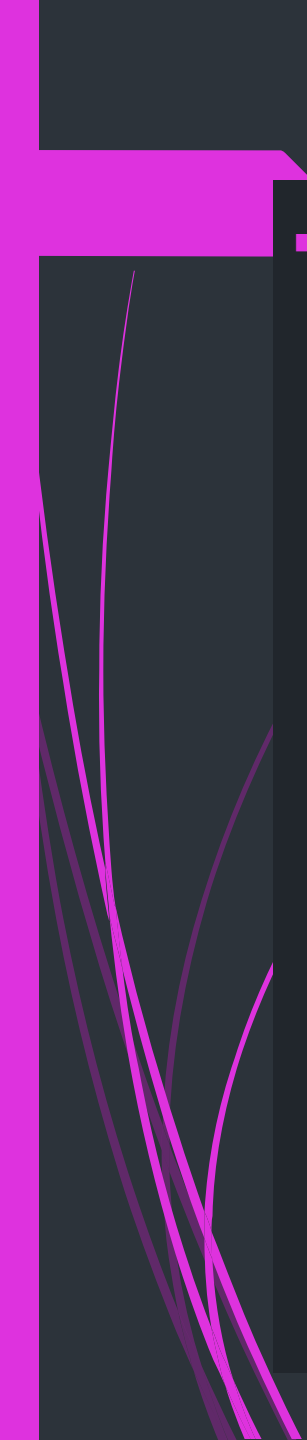
(84,9%) consomem sal em excesso, em média, mais de 10 g por dia. Foi desenvolvido um programa de formação direcionada aos profissionais de saúde, credenciado e acreditado pela Universidade de Porto, com o objetivo de atualizar e melhorar os seus conhecimentos sobre o estado nutricional e a intervenção nutricional junto das pessoas idosas. Até à data, cerca de 400 profissionais de saúde de unidades do Serviço Nacional de Saúde em todo o país já beneficiaram destas Formações. Adicionalmente, serão realizadas pesquisas de intervenção de educação de Saúde Pública baseadas em evidência científica. Por isso, os dados do estudo de prevalência de desnutrição nutricional em pessoas idosas, representativo da população portuguesa em termos de sexo, idade, região geográfica e nível educacional. Os resultados mostram que estes desequilíbrios nutricionais são extremamente frequentes. Uma em cada cinco apresenta fragilidade e metade da amostra encontra-se numa situação de vulnerabilidade. Uma em cada dez apresenta anorexia. 1,5% estão desnutridos e 14,8% estão em risco de desnutrição. Além disso, elevada proporção apresenta sintomas de perda de peso (44,5%) e desidratação (34,9%).

Este projeto é financiado pela Inovação, Investimento e Norrega através dos EEA Grants (FPO) em 2017 e pela Faculdade de Ciências da Nutrição e Alimentação da Universidade do Porto.



- Over the coming months all the stakeholders and national news media will focus their attention on the ONCA Conference staged by APNEP in Sintra in November 2018. Therefore APNEP decided to take advantage of this Conference to implement the following:
 - a pilot project in order to optimize nutrition support for the local population, so nutritional support screening for more than 2.000 residents in care homes will be implemented over next twelve month period, using trained APNEP staff.





- ▶ Over the coming months all the stakeholders and national news media will focus their attention on the ONCA Conference staged by APNEP in Sintra in November 2018. Therefore APNEP decided to take advantage of this Conference to implement the following:

- ▶ APNEP will also be giving talks to older students in Senior Universities that emphasize the importance of adequate nutrition support.
- ▶ APNEP will also be providing screening and training to healthcare professional in Sintra over the next twelve months.
- ▶ In conjunction with the local authorities APNEP will be staging a week before **the World Food Day** a 5 km walk around Sintra, with the aim of raising awareness of the importance of the food in our lives.



What achievements are possible in the next 24 months?

- Over the next two years APNEP firmly believes that **mandatory nutritional screening** of patients within 24 hours of admission into Portuguese hospitals will be implemented and that **outpatients nutrition support** will be fully funded by the Portuguese government.



Promoting Healthy Eating Habits

Elisabet Rothenberg,
Sweden



DRF
SWEDISH ASSOCIATION
OF CLINICAL DIETITIANS

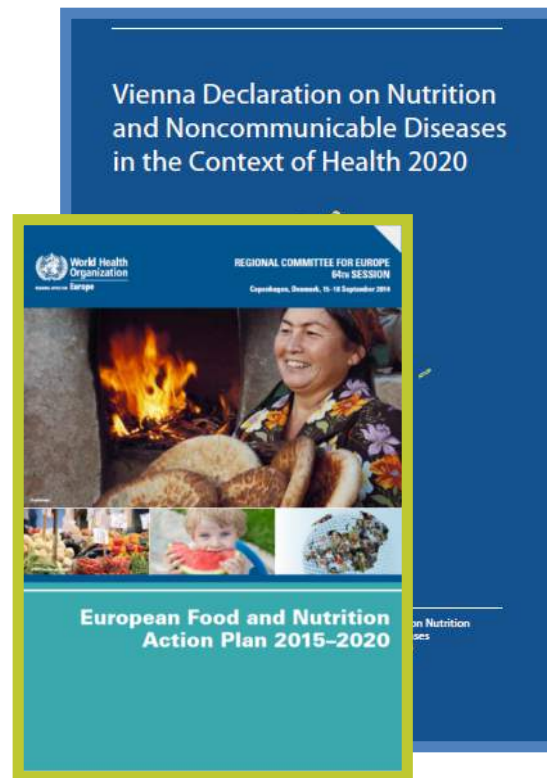
PROMOTING HEALTHY EATING HABITS

- PROJECTS 2013-2018

NON COMMUNICABLE DISEASEs, NCDs



Global



Europe

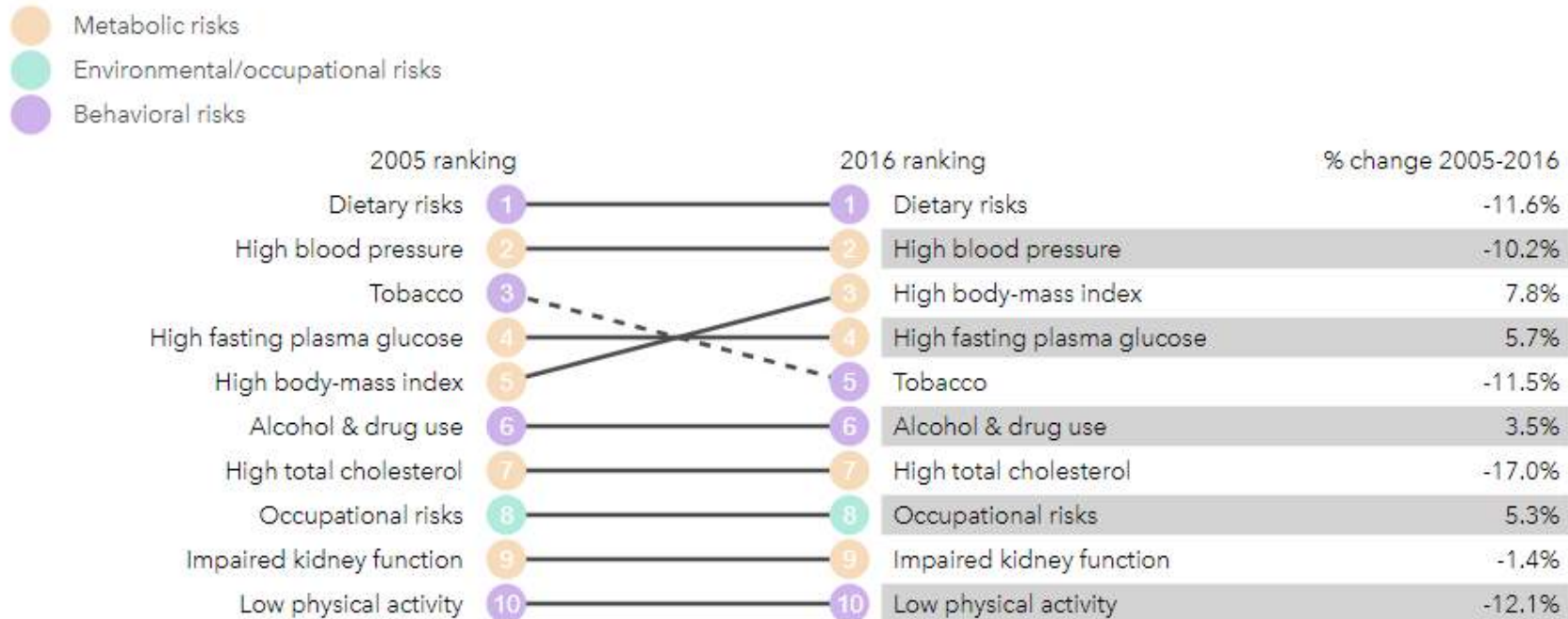


Sweden

GLOBAL BURDEN OF DISEASE

SWEDEN 2016

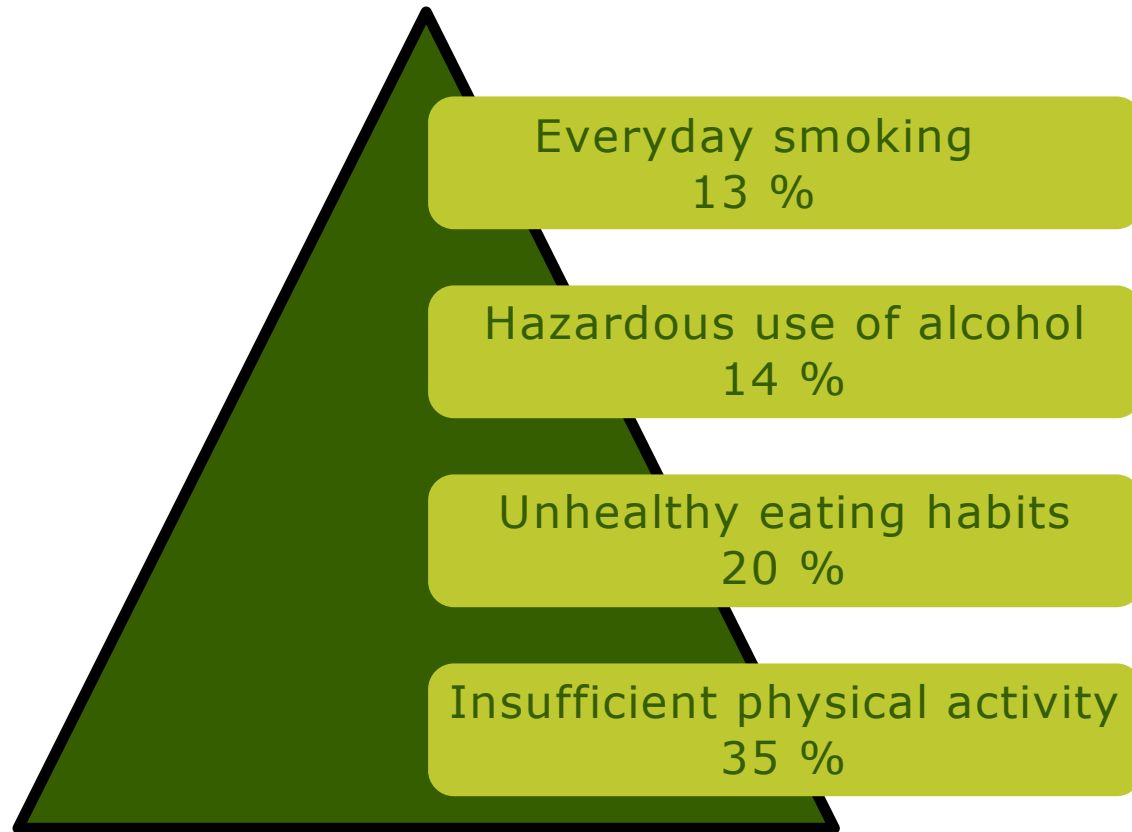
What risk factors drive the most death and disability combined?



Top 10 risks contributing to DALYs in 2016 and percent change, 2005-2016, all ages, number

UNHEALTHY LIFESTYLE HABITS

-ESTIMATES BY SWEDISH NATIONAL BOARD OF HEALTH



BACKGROUND

The Swedish National Board of Health and Welfare

- Evidence based National Guidelines for Methods of Preventing Disease released 2011, updated 2018
- Project grants

Government

- National strategy for preventing chronic diseases 2014-2017



NATIONAL GUIDELINES FOR METHODS OF PREVENTING DISEASE (NGPD)

Recommendations for methods of preventing disease by supporting patients in their efforts to change unhealthy lifestyle habits:

- tobacco,
- alcohol,
- physical activity
- diet

Health care professionals can annually apply for funds to educate about and promote NGPD.

They are encouraged to cooperate and implement activities together.



EXAMPLES OF PREVIOUS ACTIVITIES

- Surgery and nutrition in cooperation with Swedish Society of Medicine
- Brochure about pregnancy and nutrition
- Courses on Patient-Centered care for dietitians
- Developing tools for cooking healthy meals targeting persons with functional disabilities
- Interprofessional collaboration within the rheumatology clinic and various awareness raising activities.
- Nutrition and cancer prevention
- And more...



CANCER PREVENTION 2015-2018

- Education and awareness raising
 - among dietitians and other health care professionals.
- Three one-day conference 2017
 - Rachel Thompson, Head of Research Interpretation at WCRF
 - primary and secondary cancer prevention, communication and methods used at WCRF.
- Translation of brochures from WCRF into Swedish
 - to dietitians and other health care professionals in hospitals and primary health care.
- Cooperation's
 - the Swedish Food agency, the regional Cancer Centres and local hospitals and non-governmental organisations (NGOs) to raise their awareness about cancer prevention and nutrition and to influence them to also start working with the topic.

During 2018 we are planning to intensify the work targeting health care professionals, NGOs, decisionmakers and politicians to continue to raise awareness and to educate about cancer prevention and nutrition.



THE SWEDISH ASSOCIATION OF CLINICAL DIETITIANS GRANTS 2013-2018

1,2 millions
Euro

YEAR	PROJECT GRANT
2013	2 000 000 SEK
2014	1 500 000 SEK
2015	2 250 000 SEK
2016	1 885 000 SEK
2017	2 400 000 SEK
2018	1 700 000 SEK
Total	11 785 000 SEK



How to monitor and support patients from inpatient to outpatient settings

Brainstorm session led
by Olle Ljungqvist and
Cornel Sieber

Lunch

From 'Care with Stars' towards 'Eten+Welzijn'

Marcel Smeets, *EAHSA*

Rudi Crabbé,
Smaakvanhethuis.nl

“Tell me and I forget, teach me and I remember, involve me and I learn”



Eten + Welzijn

Community of Practice

Etienne Wenger defines communities of practice as:

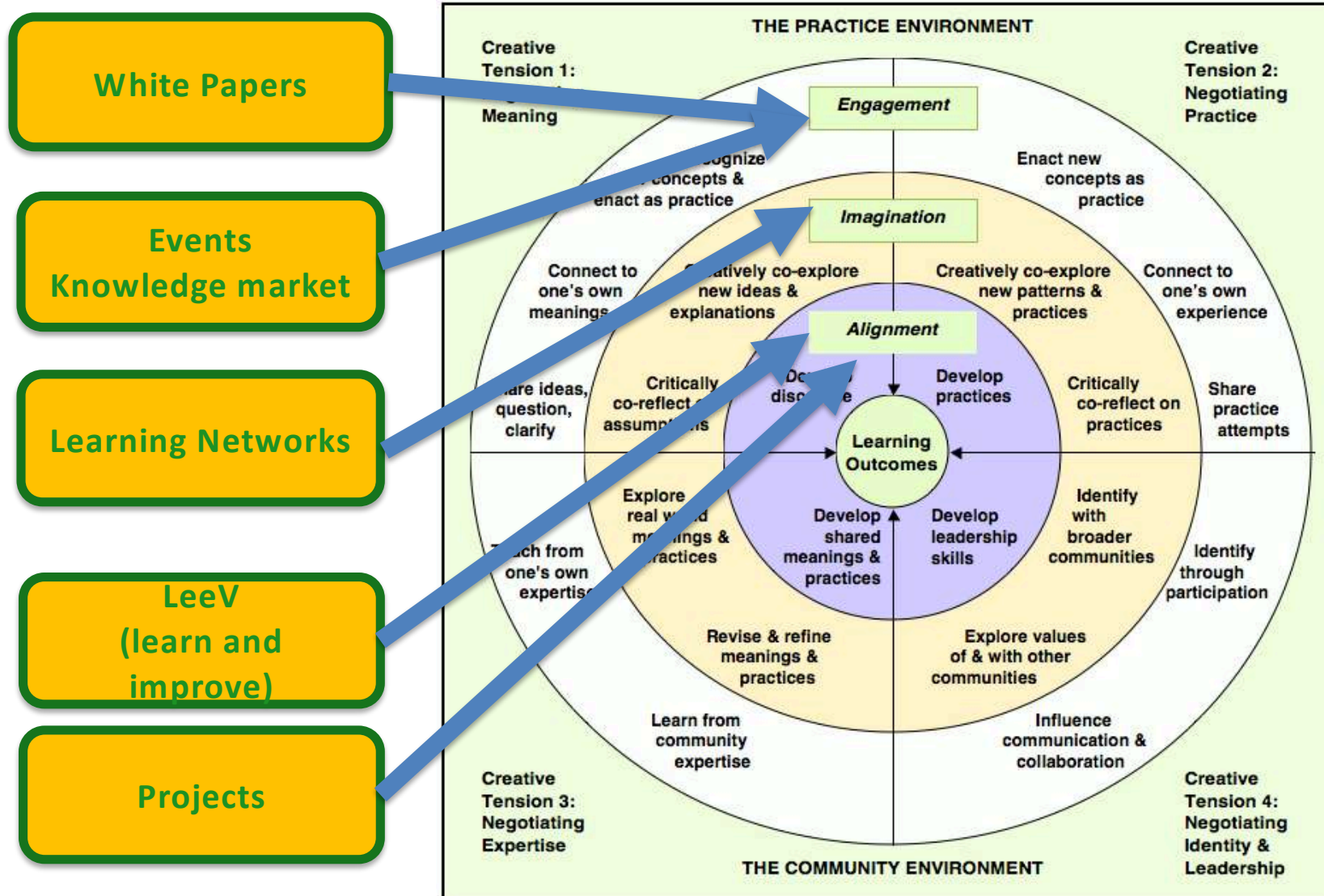
"groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly."



Integral approach



Community of Practice



Learning platforms

Undercurrent



Offline



Online

[illegible]

Business Case: the value food

A new Kitchen + Every day groceries = 15 Years a daily delivered meal

Business Case: Malnutrition

Impact on malnutrition = Empowerment of employees + supported vision in healthcare on the positive effect of healthy food and importance of prevention + a variety of tasty and healthy food (protein) products + ...

LeeV
(learn and improve)



Interaction between client and employee

1. Signals, mistakes, ideas, measurements, developments, questions of MT/staff/....

2. Identify actions and points for improvement *together*

3. Perform actions.
Keep appointments.

4. To hold outcomes and results *together*



5. audit standards, questionnaires, assessments solutions, ideas, examples into growth phases for different care/cure



“We share a passion for Sustainable, Healthy and Tasty Food and Well-being; We interact regularly to learn how to do it better.”



“Tell me and I forget, teach me and I remember, involve me and I learn”

Education, Training and Good Practices

Cristina Cuerda Compes,
EPSEN Education group

Joost Wesseling,
Communication Adviser,
ONCA



ESPEN

European Society for Clinical Nutrition and Metabolism

optimal
nutritional care
for all

Education, training and good practices

Cristina Cuerda, ESPEN education group

Joost Wesseling, ONCA communication advisor



The European
Nutrition for Health Alliance



ESPEN

European Society for Clinical Nutrition and Metabolism



ESPEN education programme

Cristina Cuerda



The European
Nutrition for Health Alliance

The aims of ESPEN



ESPEN is dedicated to all issues relevant to the field of clinical nutrition and metabolism and promotes:

- basic and clinical research
- basic and advanced education
- organization of consensus statements about clinical care and care quality control

The aims of ESPEN



ESPEN is dedicated to all issues relevant to the field of clinical nutrition and metabolism and promotes:

- basic and clinical research
- **basic and advanced education**
- organization of consensus statements about clinical care and care quality control



ESPEN

European Society for Clinical Nutrition and Metabolism

[About Us](#) ▾

[Congress](#) ▾

[Members](#) ▾

[Education](#) ▾

[Societies](#)

[Guidelines](#) ▾

[LLL](#) ▾



SCIENTIFIC

[Guidelines](#)

[Research Fellowships](#)

[Special Interest Groups](#)



EDUCATION

[LLL Programme](#)

[ESPEN Courses](#)

[Workshops](#)



MEDIA

[Journal Clinical Nutrition](#)

[Congress Presentation](#)

[Video Library / Blue Book](#)



MEMBERS & SOCIETIES

[Member Login](#)

[National Society President](#)

facebook

twitter

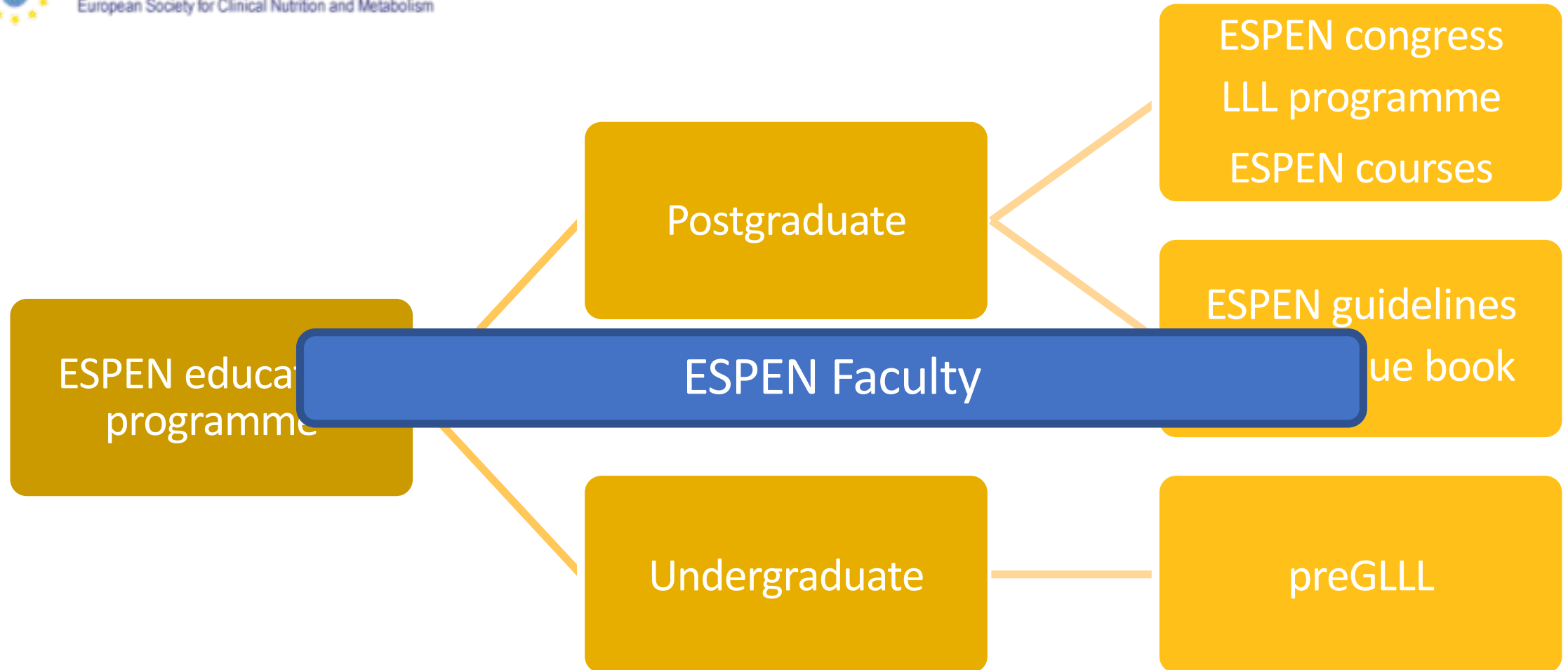


LLL Programme in Clinical Nutrition and Metabolism



ESPEN

European Society for Clinical Nutrition and Metabolism





Basic medical training



- 6 yrs minimum (360 ECTS*) bachelor + master
- Competence analysis (knowledge, skills, attitude)
- Each university can adapt in a flexible way the programs (integration of blocks or/and in the contents of each block)

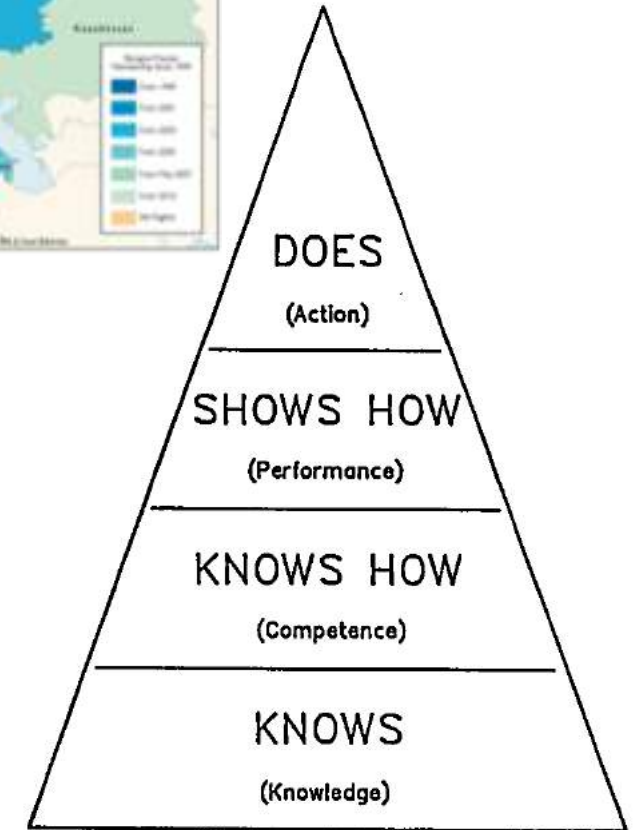


Figure 1. Framework for clinical assessment.

Miller piramyd

*Each European credit is equivalent to 25-30 hours of working by the students and includes the contact hours with the teacher, personal work and exams



Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



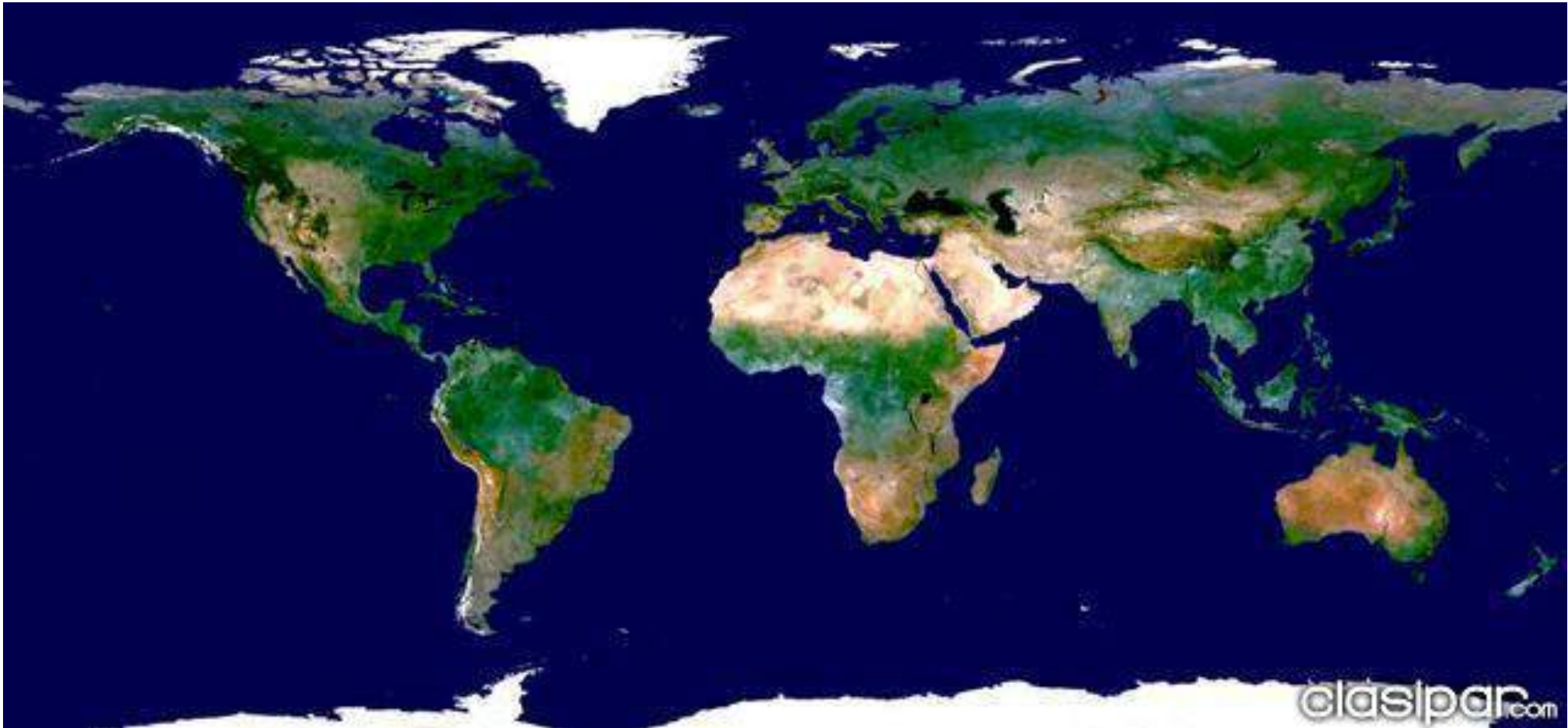
Editorial

Clinical nutrition education in medical schools: Results of an ESPEN survey



Results of the Survey

- 56 questionnaires from 29 countries (22 Europe, 4 Asia, 2 South America, 1 Australia)



Conclusions

There is high variability in CN education in UMS between and within countries

55.4% had an obligatory subject on CN and in 17.9% was optional, generally in the last years of the CV and with a duration > 8 h

Only 33.9% considered enough the CN education in their institution

Most of the answers considered adequate a duration of CN subject >8 h

88.5% found useful the preG-LLL courses

There is room for improvement in CN education in UMS

Strenghts

Weaknesses

Opportunities

Threats

SWOT analysis

Improving Nutrition Education in
Medical Schools

Strenghts



- ESPEN has the knowledge and the means (tools and teachers) to provide Nutrition Education
- Dissemination through council members
- Advantage of ONCA campaign
- Key mandates exist within countries such as the UK and US to enhance the nutrition education received by medical students



Opportunities

- High prevalence of nutrition-related disorders
- Impact in clinical outcome (morbidity, mortality) and QoL
- Frequent queries from patients/relatives/colleagues
- Practising physicians recognise insufficient knowledge and skills



DRM continues being a “hidden problem”



Weaknesses

- Team working (Universities- Scientific societies- Administrations)
- Sensitise our partners
- Budget



Threats

- High variability among academic centres
- Broad range of areas of medical science in which nutrition education is included
- Lack of time in the medical curriculum
- Widespread movement toward more integrated curricula and problem-based learning
- Lack of multidisciplinary faculty in many centres



Models of excellence

- Nutrition Academic Award Program.

<https://www.nhlbi.nih.gov/research/training/naa/about.htm>



- The Need for Nutrition Education/Innovation Programme (NNEdPro).

www.nnedpro.org.uk



[Accessible Search Form](#)

NHLBI Entire Site

SEARCH

Public

Health Professionals

Researchers

Clinical Trials

News & Resources

About NHLBI

[Home](#) » [Researchers](#) » [Training & Career Development](#) » [Nutrition Academic Award \(NAA\)](#) » [About the Nutrition Academic Award \(NAA\) Program](#)**Nutrition Academic
Award**

ABOUT

NAA MEDICAL SCHOOLS

PRODUCTS

About the Nutrition Academic Award (NAA) Program

The Nutrition Academic Award (NAA) is a 5-year grant awarded to successful applicant schools of medicine and osteopathy throughout the U.S. The award was developed in 1997 by the National Heart, Lung, and Blood Institute (NHLBI) to encourage development or enhancement of medical school curricula to increase opportunities for students, house staff, faculty, and practicing physicians to learn nutrition principles and clinical practice skills with an emphasis on preventing cardiovascular diseases, obesity, diabetes, and other chronic diseases. A second objective was to provide a curricular guide, training modules, and other teaching and assessment tools for dissemination to other medical schools as well as other health care professional schools.

The first ten NAA awards were funded in 1998 by NHLBI in response to an RFA. NHLBI funded nine more grants in 2000 and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) funded two. Although NHLBI has supported a number of other academic award programs addressing various topics in medical school curricula since 1970, this is the first academic award to focus primarily on nutrition.

The first class of NAA Awardees (1998-2003) involves medical schools at Albert Einstein, Brown University, Northwestern University, Tufts University, University of Alabama, University of Iowa, University of Pennsylvania, University of Rochester, University of Texas Southwestern Medical Center, and the University of Washington.

The second class of NAA Awardees (2000-2005) involves Columbia University, Harvard University, Mercer University, Stanford University, University of Arkansas, University of Colorado, University of Maryland, University of Nevada, University of Texas/Houston, University of Vermont, and the University of Wisconsin.

The NAA Program Office is administered at NHLBI. An Administrative structure was established including a Steering Committee and a number of Committees and Working Groups. The administrative structure enhances networking between the NAA medical schools and teams, promotes collaborative development of teaching materials and assessment tools, and provides a mechanism for the development of a *Nutrition Curriculum Guide for Training Physicians* (for undergraduate and graduate medical education). The *Guide* will be posted when the first edition is completed in December 2000 or early in 2001. The *Guide* will have 21 sections and learning objectives for the content and practice skills for each section of these areas.

The NAA Program is collaborating with other groups that also are working in the area of nutrition training for physicians. For further information contact any of the NAA investigators or the NAA Program Director:

Charlotte Pratt, Ph.D., R.D.
NAA Program Director
National Heart, Lung, and Blood Institute
National Institutes of Health
6701 Rockledge Drive, Room 10118, MSC 7936
Bethesda, MD 20892-7936



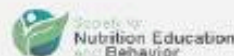
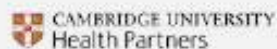
[About Us](#) [Members](#) [Work: 2008-2016](#) [Work: 2017-2025](#) [Key Outputs](#) [Support Us](#) [Contact Us](#)



NNEdPro Global Centre for Nutrition and Health

Advancing and implementing nutrition knowledge to improve health, wellbeing and society

Google Custom:



We are an award-winning, international and interdisciplinary think-tank, training academy and knowledge network. Anchored in Cambridge, we are dedicated to nutrition and health improvement via education, research, implementation and evaluation.

Founded in 2008, we are independently governed, and have key affiliations with several academic institutions, including the University of Cambridge, as well as specialist organisations such as the British Dietetic Association, which supports our operations.

Our Work: 2017-2025

International Academy of Nutrition Educators (IANE)

Implementation Research and Consulting in Nutrition (IRCIN)

Nutrition Research and Innovation Consortium (NRIC)

Nutritional Equity and Population Health (NEPH)

'CREATE' Platform

NNEdPro 2008-2016 Highlights



Frequently Asked Questions

- What is our background?
- What are our aims & vision?
- Who are our key people?
- Who are our key partners?
- What are our key projects?
- Do we offer training courses?
- Would you like to join us?



The Need for Nutrition Education/Innovation Programme (NNEdPro) is an independent education and evaluation programme that aims to equip "tomorrow's doctors" with clinically relevant, foundation nutrition and public health knowledge to enhance nutrition care in health care settings.



Medical Nutrition International Industry

NNEdPro have been announced as the 2017 MNI Award Winners!





ESPEN initiative to improve Nutrition Education in Medical Schools

- First meeting in July 19th, with deans, rectors and ESPEN delegates
- MNI grant
- Objective:
 - Help setting a minimum curricular knowledge in Nutrition (from basic-to applied and clinical nutrition) for students of the Medical Schools
- Actions to be taken after the meeting:
 - share at the level of ONCA Campaign
 - sensitise the EU (Bologna process)
 - publish a position paper in Clinical Nutrition

Think Big
Believe Big
Act Big
And the results
Will be BIG



A word cloud featuring the phrase "Thank You" in numerous languages. The words are arranged in a circular pattern, with "thank you" in the center in large red letters. Other prominent words include "danke" (blue), "gracias" (green), "merci" (orange), and "dziękuję" (purple). Smaller words like "spasibo", "arigato", "moochhakkeram", and "sukriya" are also visible. The colors of the words vary, creating a vibrant and multicultural visual.

Prevalence of malnutrition in the community: Update

Marian de van der
Schueren, *Hogeschool
Arnhem & Nijmegen*

Annemarie Perl, *Medical
University of Graz*



Malnutrition screening in the community



Marian de van der Schueren, Regina Roller-Wirnsberger, Annemarie Perl



Background – break out session Bled

- Interest in malnutrition in the community
 - prevalence data
 - cost-effectiveness data of an intervention
 - local data (at country level)



What has happened since then?

- Exploring possibilities
 - contact nDay
 - Horizon 2020 proposal
 - use open source database (SHARE)
 - use existing country databases

What has happened since then?

- Exploring possibilities
 - contact nDay
 - Horizon 2020 proposal
 - **use open source database (SHARE)**
 - use existing country databases
- SHARE 2016 wave: 18 EU countries (3 regions), more than 60.000 participants
- data on health, socio-economics and costs
- access to database obtained; no earlier publications on nutrition data

optimal
nutritional care
for all



SHARE EUROPE and Possible Answers to ONCA's Goals



Annemarie Perl, Marian de van der Schueren, Regina Roller-Wirnsberger
Medical University of Graz, Department of Internal Medicine



Dates and Facts about SHARE

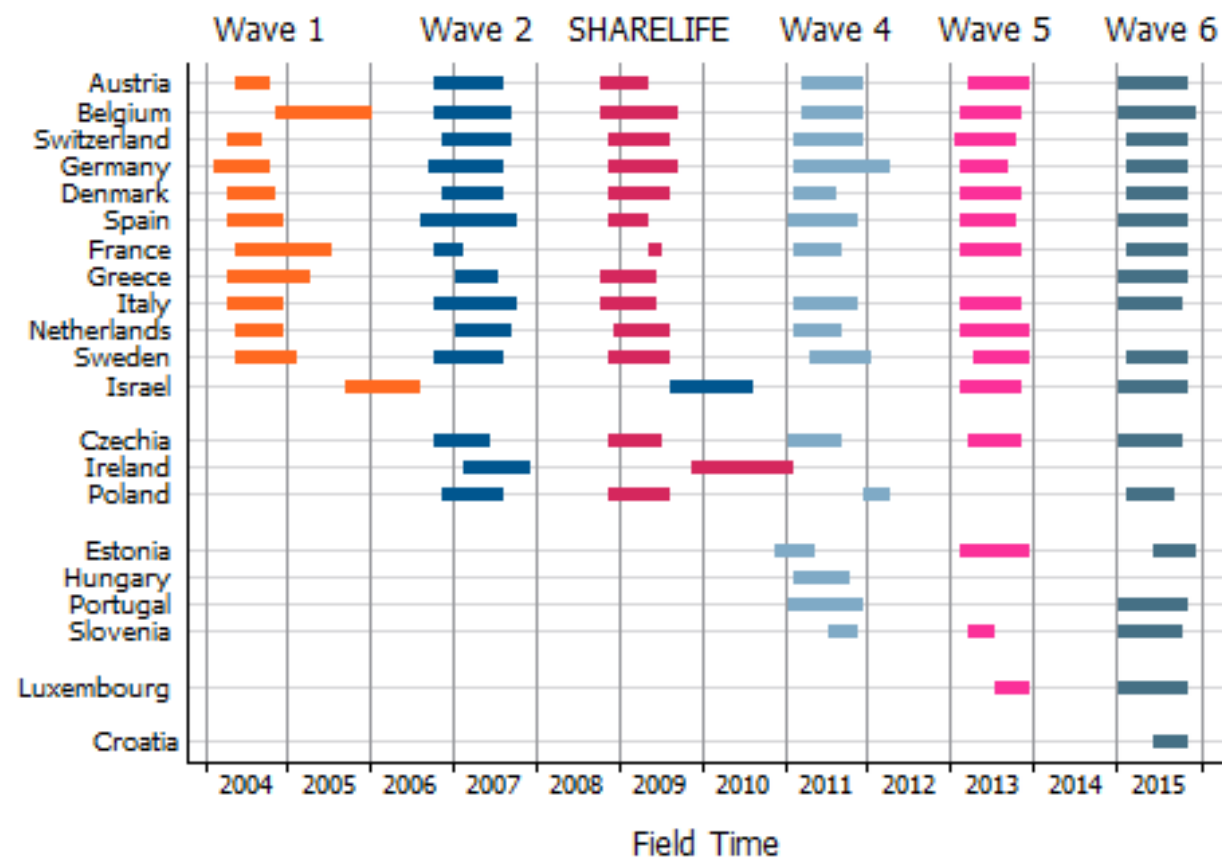
Multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of individuals aged 50 or older.

- *Until now 27 European countries and Israel joined SHARE*
- *More than 120,000 respondents (Wave 1 to 6) & more than 60.000 participants*
- *More than 297,000 interviews (Wave 1 to 6)*

Interview mode: Computer Assisted Personal Interviews (CAPI) for main interview

Waves Overview

Country wave field time overview Wave 1 - Wave 6



WAVE 6 ...

- *Most recent data available (2015)*
- *17 European countries and Israel*

Planned to divide into 3 regions:

- ***North-Western*** (Denmark, Sweden, Belgium, Germany, Luxembourg, Austria, Switzerland, France)
 - ***East*** (Estonia, Slovenia, Israel, Croatia, Czechia, Poland)
 - ***South*** (Italy, Spain, Greece, Portugal, Croatia)
- 18 different categories to analyze → Which are important / useful ?



Questionnaire Modules	Examples
Coverscreen	Date of birth, gender, partner, household composition, interview date
Demographics	Education, marital status, country of birth & citizenship, parents & siblings
Physical Health	Self-rated health, diseases, weight & height, (I)ADL limitations [(instrumental) activities of daily living]
Behavioural Risks	Smoking & alcohol, nutrition, physical activity
Cognitive Function	Self-rated reading & writing skills, orientation, word list learning immediate & delayed recall, verbal fluency & numeracy
Mental Health	Hope, depression (EURO-D)
Health Care	Doctor visits, hospital stays, surgeries, forgone care, out of pocket payments
Employment and Pensions	Employment status, individual income sources (public benefits, pensions), job, work quality
Children	Number & demographics of children
Social Support	Help and care given and received
Financial Transfers	Money/gifts given and received
Housing	Owner (mortgages, loans & value), tenant (payments), type and features of building
Household Income	Income sources of all household members
Consumption	Expenditures for food, goods, services, ability to make ends meet
Assets	Bank and pension accounts, bonds, stock and funds, savings
Activities	Voluntary work, clubs, religious organizations, motivations, quality of life (CASP-12)
Expectations	Expected inheritances, life expectancy, future prospects
Interviewer Observations	Willingness to answer, understanding of questions, type of building, neighbourhood

Category - Behavioural Risks

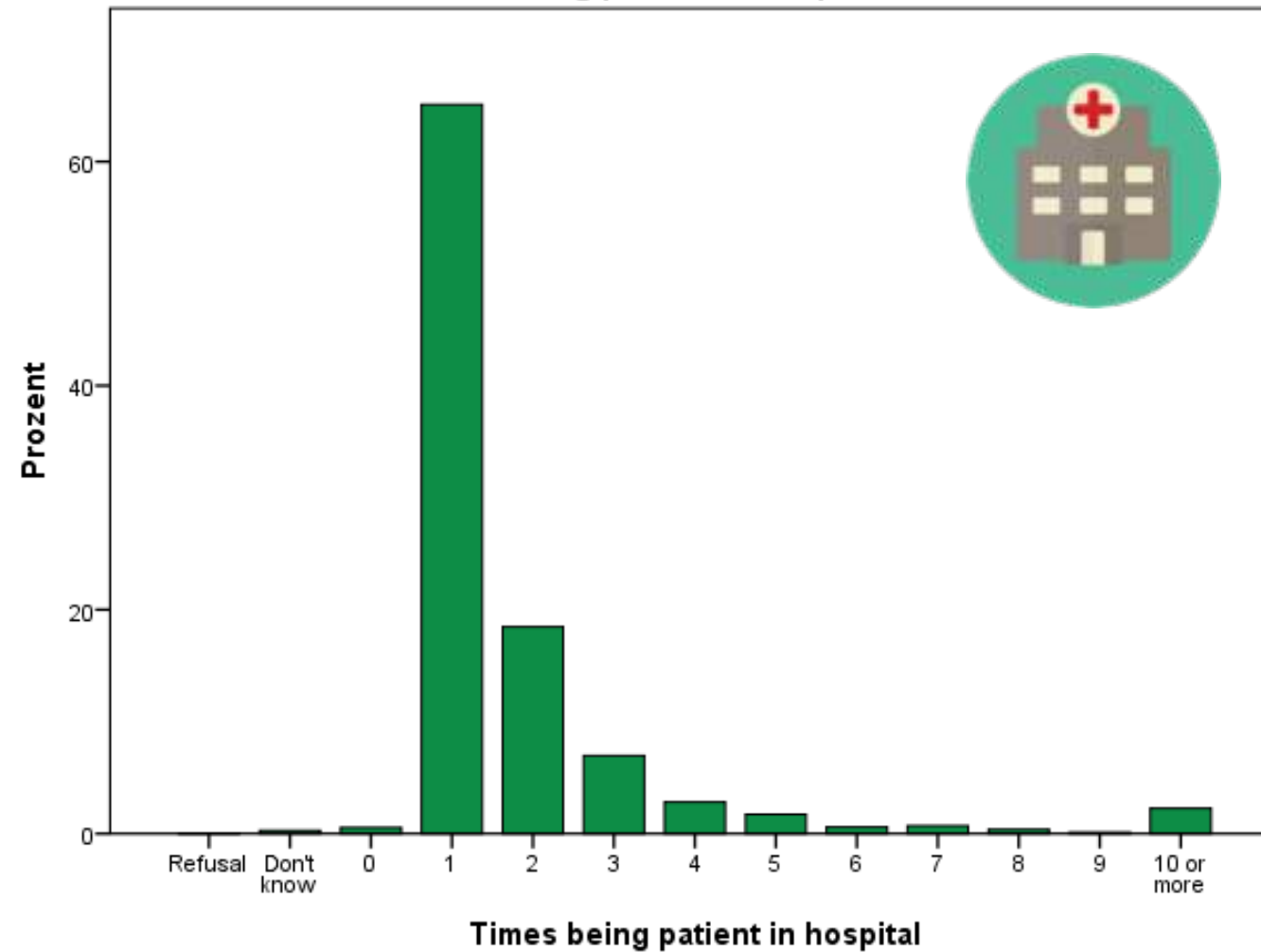
Beschriftung
Ever smoked daily
Smoke at the present time
How many years smoked
Do or did smoke: cigarettes
Do or did smoke: pipe
Do or did smoke: cigars or cigarillos
Do or did smoke: e-cigarettes with nicotine solution
Average amount of cigarettes per day
Sports or activities that are vigorous
Activities requiring a moderate level of energy
Who answered the questions in br
How often serving of dairy products
How often serving of legumes or eggs
How often serving of meat, fish or chicken
How often serving of fruits or vegetables
Not eating meat, fish or chicken more often because ...
At least one alcoholic beverage the last 7 days
Units of alcoholic beverage the last seven days
How often 6 or more drinks the last 3 months

Statistical Analysis ...

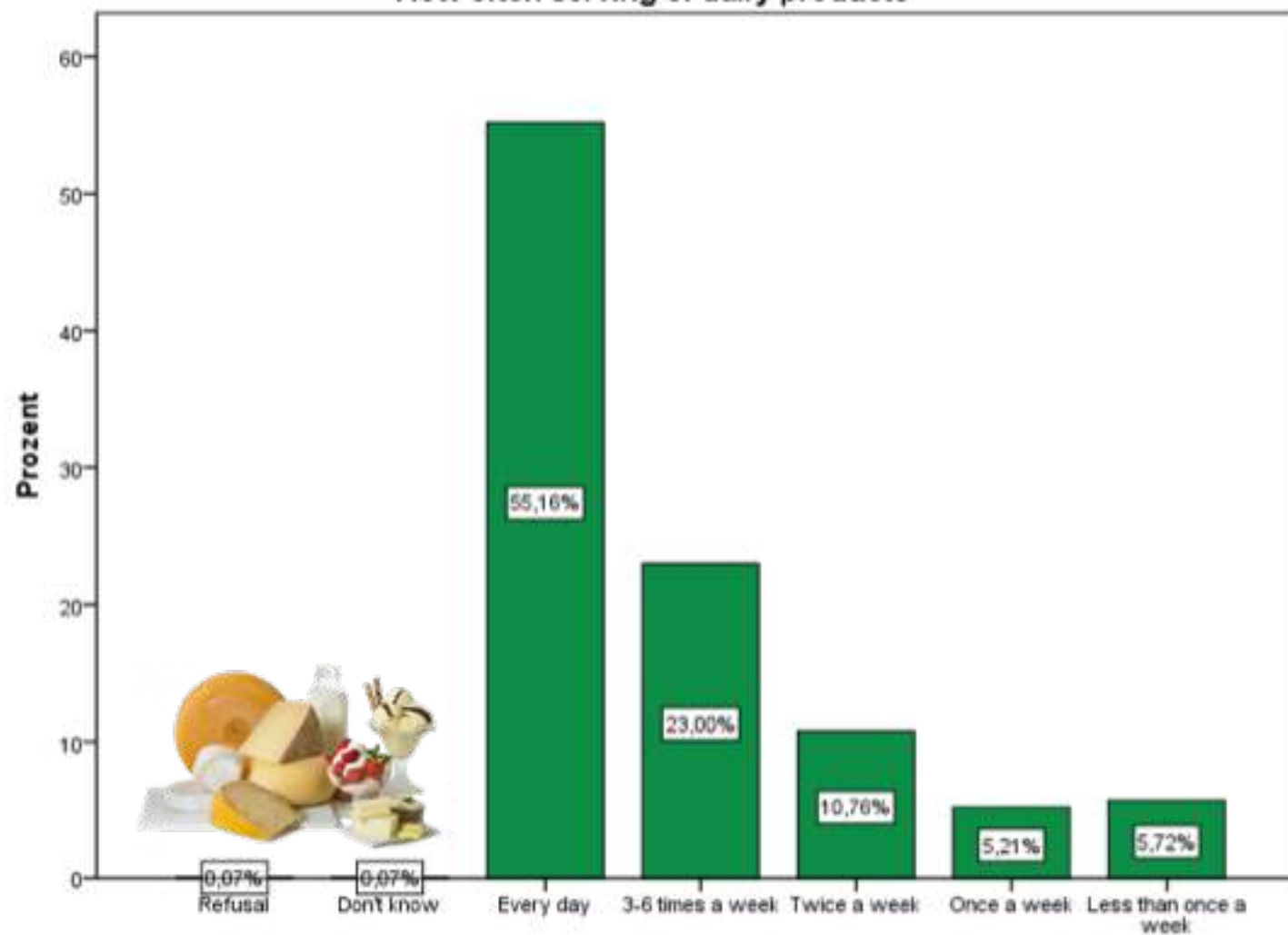
- Everything is possible → huge datasets available (SPSS) e.g.
 - *BMI changes from WAVE 1- 6*
 - *Protein intake (dairy, meat, etc.) & grip strength & doctor visits & age*
 - ...
- Statistical Institute of the Medical University of Graz (costs?)
- Help from SHARE board regarding economic data sets
- Israel research group on psycho-social data

What data are important and useful?

Times being patient in hospital



How often serving of dairy products



How often serving of dairy products

optimal
nutritional care
for all



Medical University of Graz



Questionnaire Modules	Examples
Coverscreen	Date of birth, gender, partner, household composition, interview date
Demographics	Education, marital status, country of birth & citizenship, parents & siblings
Physical Health	Self-rated health, diseases, weight & height, (I)ADL limitations [(instrumental) activities of daily living]
Behavioural Risks	Smoking & alcohol, nutrition, physical activity
Cognitive Function	Self-rated reading & writing skills, orientation, word list learning immediate & delayed recall, verbal fluency & numeracy
Mental Health	Hope, depression (EURO-D)
Health Care	Doctor visits, hospital stays, surgeries, forgone care, out of pocket payments
Employment and Pensions	Employment status, individual income sources (public benefits, pensions), job, work quality
Children	Number & demographics of children
Social Support	Help and care given and received
Financial Transfers	Money/gifts given and received
Housing	Owner (mortgages, loans & value), tenant (payments), type and features of building
Household Income	Income sources of all household members
Consumption	Expenditures for food, goods, services, ability to make ends meet
Assets	Bank and pension accounts, bonds, stock and funds, savings
Activities	Voluntary work, clubs, religious organizations, motivations, quality of life (CASP-12)
Expectations	Expected inheritances, life expectancy, future prospects
Interviewer Observations	Willingness to answer, understanding of questions, type of building, neighbourhood



Outlook to WAVE 7

- *In 2017, the main data collection of Wave 7 took place in 28 countries*
- *Full coverage of the EU was achieved by including 8 new countries in SHARE: Finland, Lithuania, Latvia, Slovakia, Romania, Bulgaria, Malta and Cyprus.*
- ***The scientific release of Wave 7 data is planned for spring 2019***



Take Home Message ...

- *SHARE Europe offers a huge data set with ongoing data selection option*
- *Link with economic data possible*
- *May be used as source data to detect target populations for intervention in community*
- *Strong partner for collaboration for ONCA*



Next steps...

- Provide a research and business plan
- Include an ONCA representative (through board)
- Engage countries to participate (express your interest!)
 - Prevalence data at a country level
 - Health economic data at a country level
- Engage industry
- Funding



Discussion...

- Determine data to be further analyzed (all-condense information in FOCUS CORE GROUP)
- Input welcome....!
- Analysis and data work-up (MUG, SHARE)
- Write first paper - Publications (all)





Output

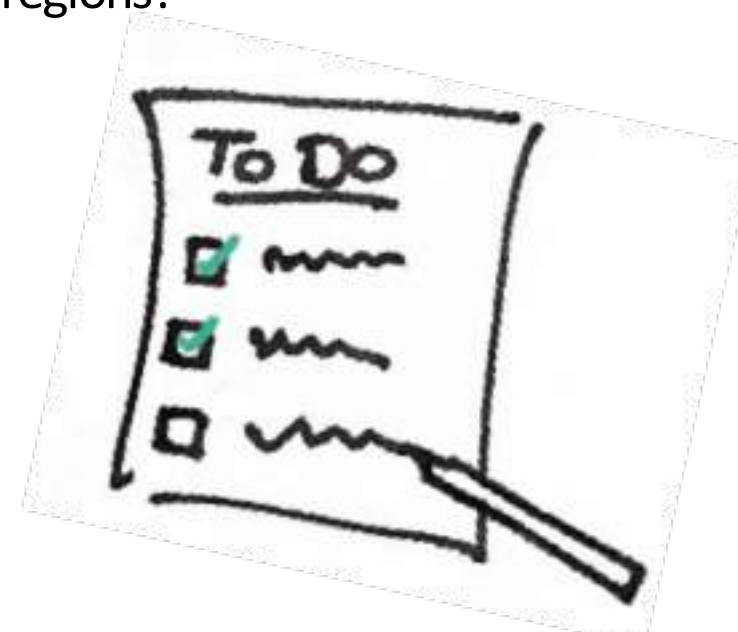
- Analysis and data work-up (MUG, SHARE)
- Write first paper - Publications (all)





Discussion

- Opportunities
 - Local data
 - Economic data
- Primary research question?
E.g. Is there a difference in nutritional status behavior in the three regions?
- How do we define 'increased risk' ?
- Core working group:
 - ONCA: Regina Roller, Annemarie Perl, Marian de van der Schueren
 - SHARE: Karen Andersen
 - one or two more?





THANK YOU

for your attention and support!



All systems go!

ONCA Workshop

8 June 2018

Share in your network ↗

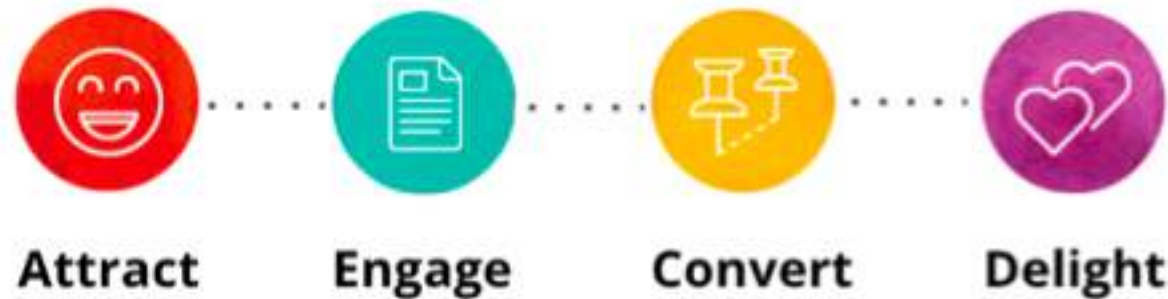
20 shares

Prague, May 2017



Communication strategy

**Boost awareness and show added value by
publishing and sharing Good Practices**





www.european-nutrition.org



- 1 Find your Good Practice
- 2 Share it to your networks
- 3 Boost the campaign's reach



Education of patient groups on nutrition

Croatia
Education

Share in your network

5 shares



Raising awareness on optimal nutritional care

Croatia
Awareness

Share in your network

2 shares



Management of malnutrition in complex chronic patients

Spain
Screening

Share in your network

4 shares



Prevalence of malnutrition in subjects over 65

Spain
Malnutrition

Share in your network



APNEP: Political aspects of undernutrition awareness

Portugal
Awareness

Share in your network

8 shares

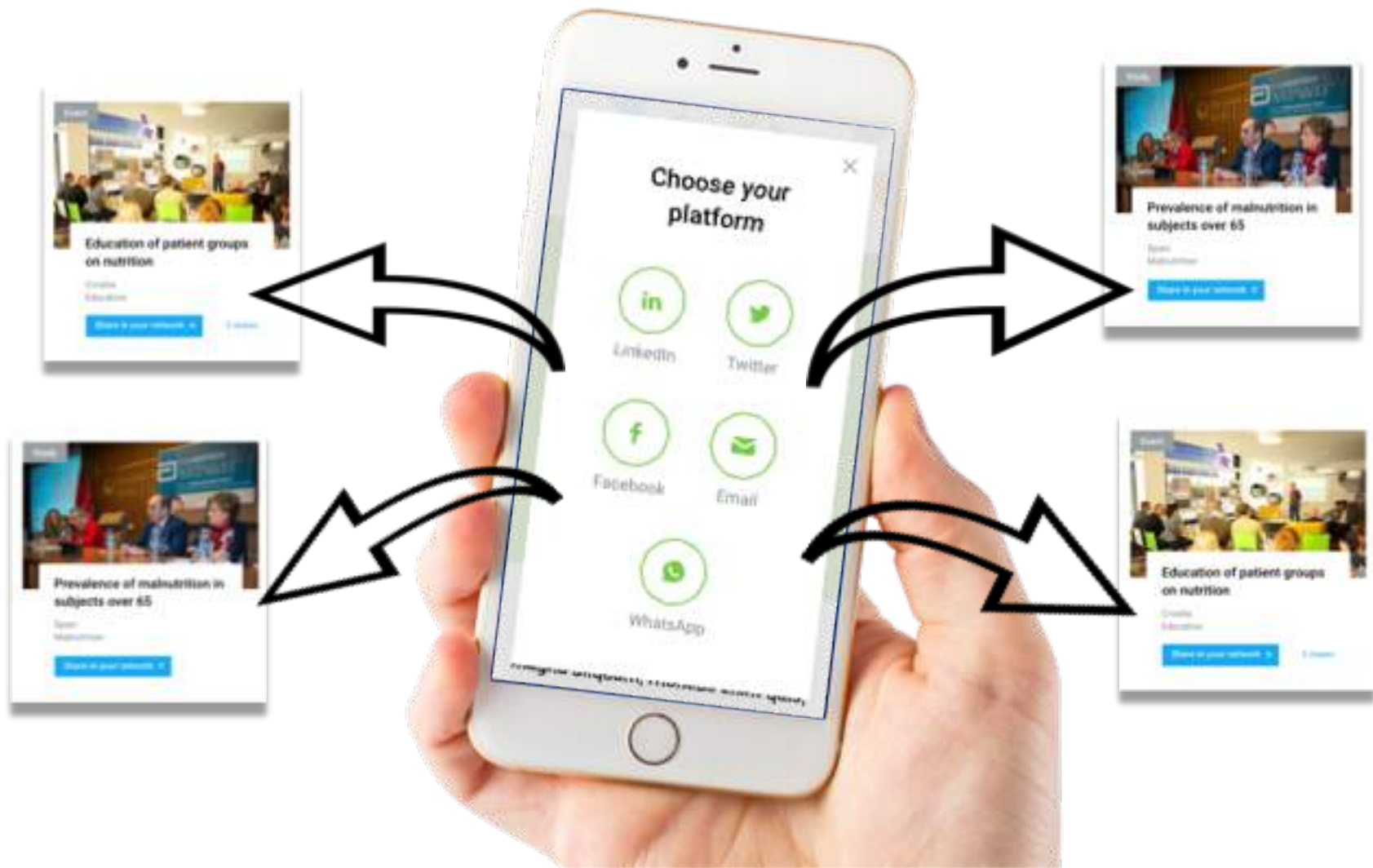


APNEP: nutritional evaluation in internal medicine

Portugal
Research

Share in your network

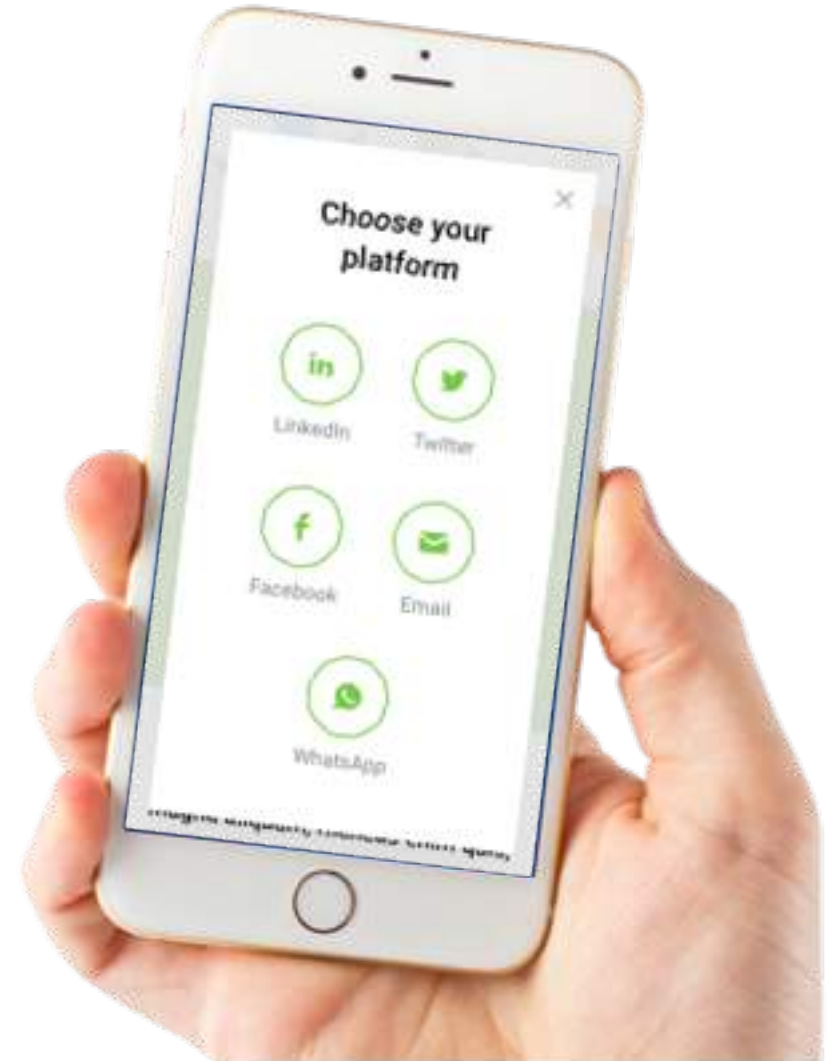
4 shares





Google Analytics

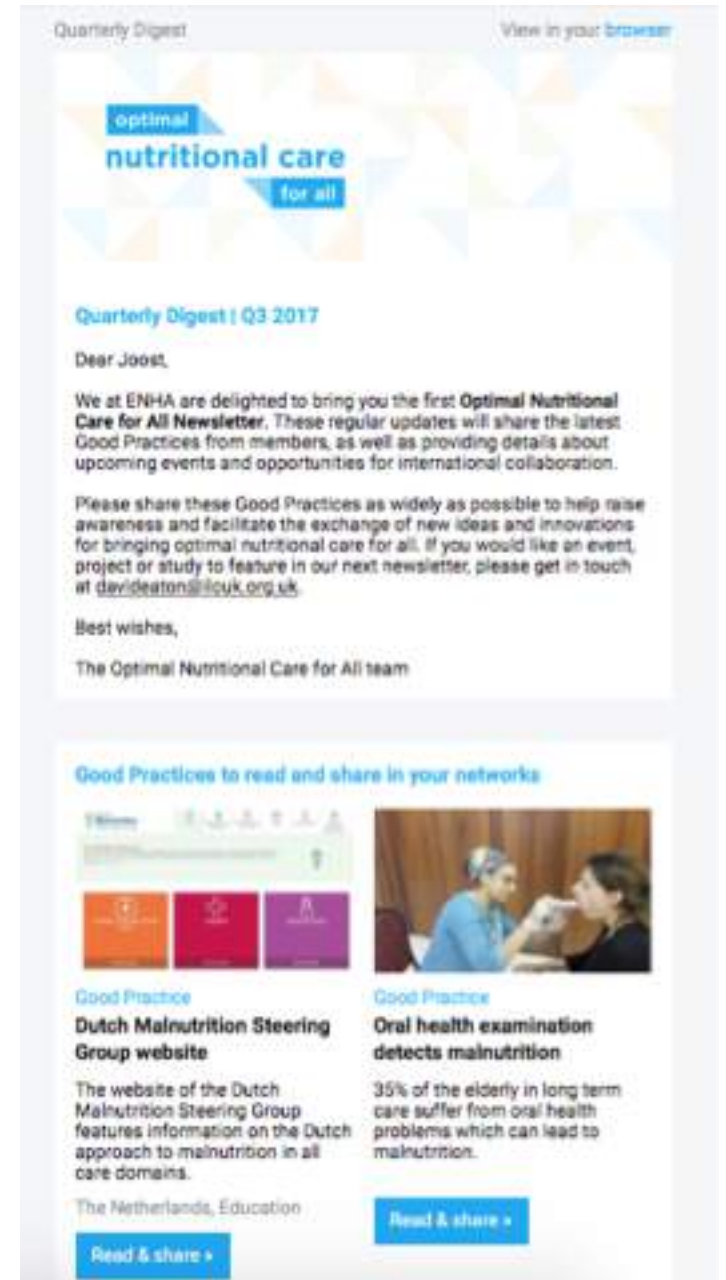
Desktop 59%
Mobile 41%





Quarterly Digest

-> Third edition (Q2) end of June



facebook.com/**ONCAcampaign**

twitter.com/**ONCAcampaign**

linkedin.com/company/**optimal-nutritional-care-for-all**

Follow us

Connect with us to keep up to date with the
latest news and other updates.



Facebook



Twitter




LinkedIn


Advertise: attract



Advertisements

 **Optimal Nutritional Care for All** ...
Sponsored · 🌐


Share good practices on Nutritional Care




europa-nutrition.org
Optimal Nutritional Care [LEARN MORE](#)

👍 1

👍 Like 💬 Comment ➦ Share

 **Optimal Nutritional Care for All** ...
Sponsored · 🌐

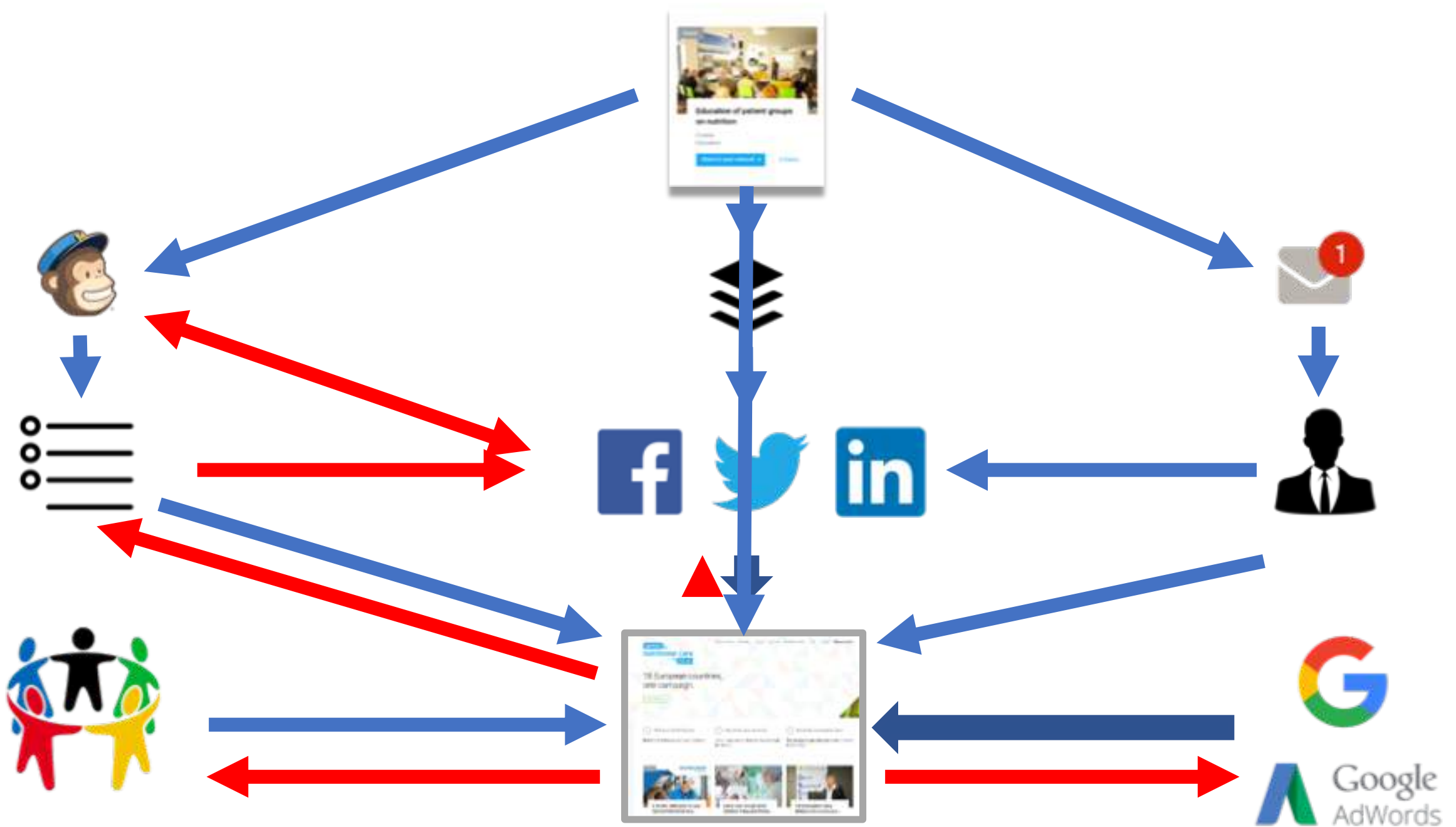
Sign up for our Quarterly newsletter and share good practices with your peers



mailchi.mp
signupquarterly [SUBSCRIBE](#)

👍 1 1 Comment

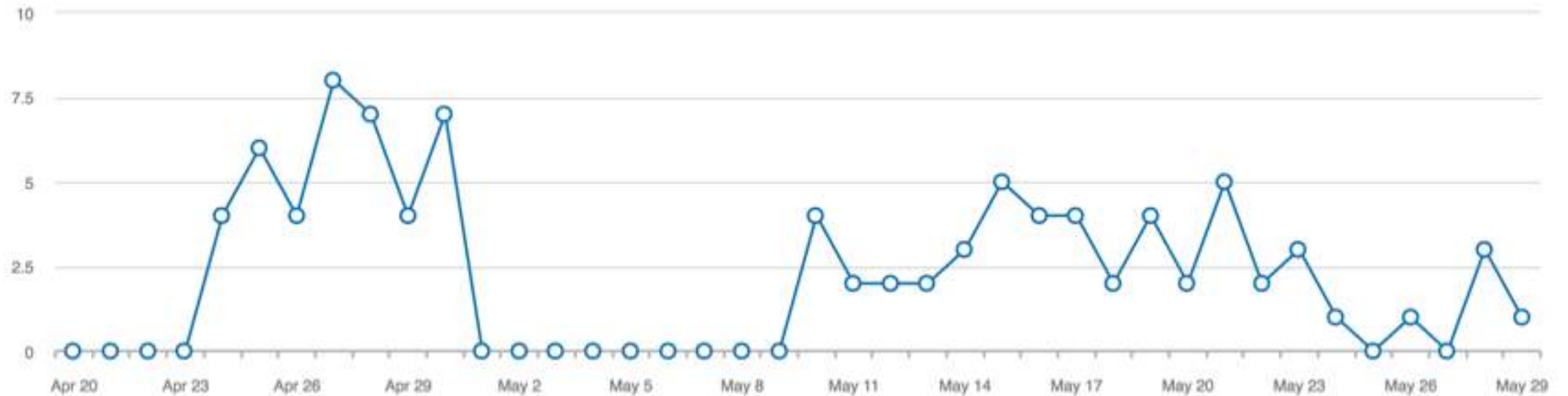
👍 Like 💬 Comment ➦ Share



Impressions 12K – 109 Clicks



Show graph for Clicks ▼



Impressions 139K - 899 clicks

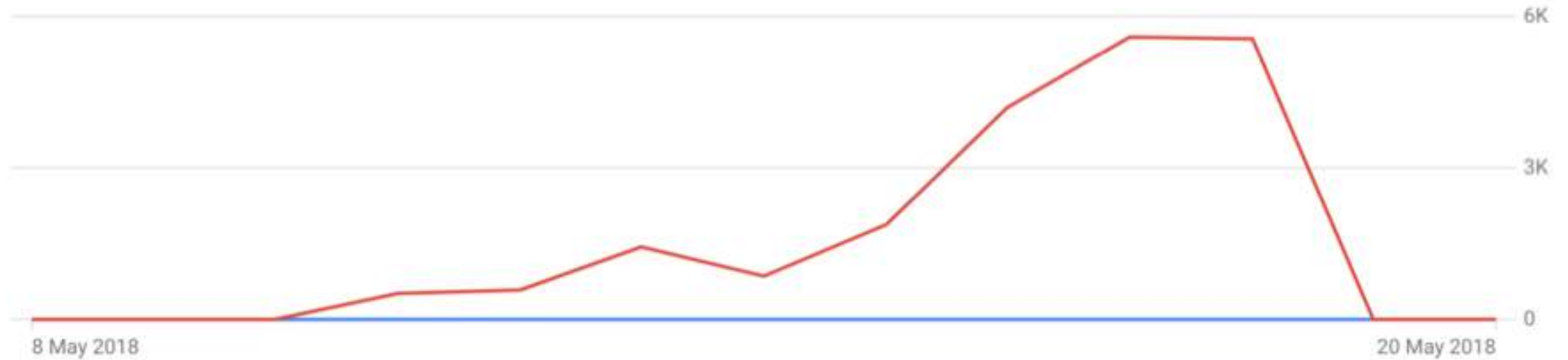




Impressions 315K – 26K clicks



Impressions 25K – 629 Clicks



Total Reach: 491.000

Posts



Impressions, reach



Clicks



Conversion/Engagement

Newsletter signups





65%

Sources

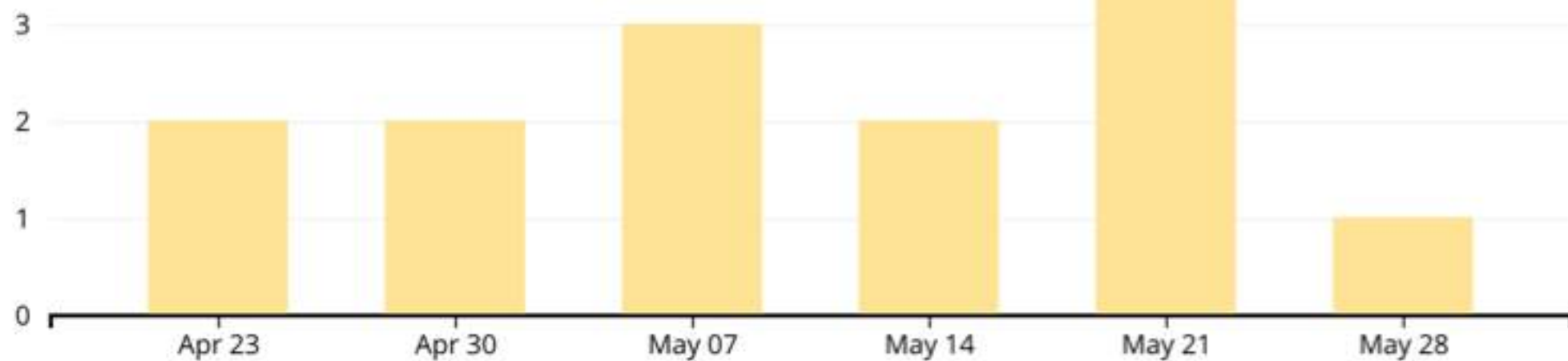
- Hosted Form
- Imported
- Embed Form
- Admin
- Popup Form
- others

Subscribers

- 43.93%
- 31.21%
- 16.76%
- 5.20%
- 2.31%
- 0.58%

growing subscribers

Audience Change

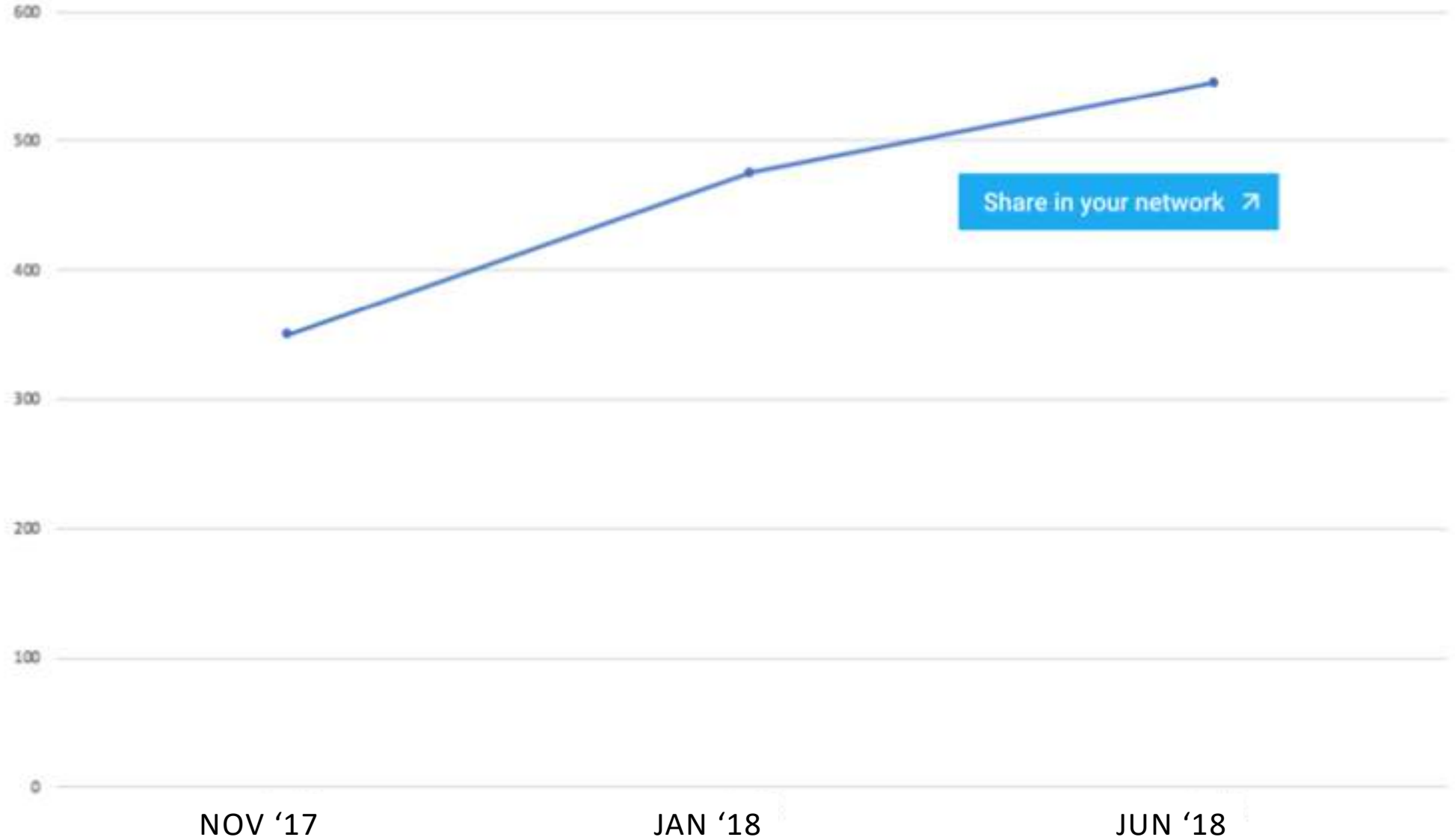


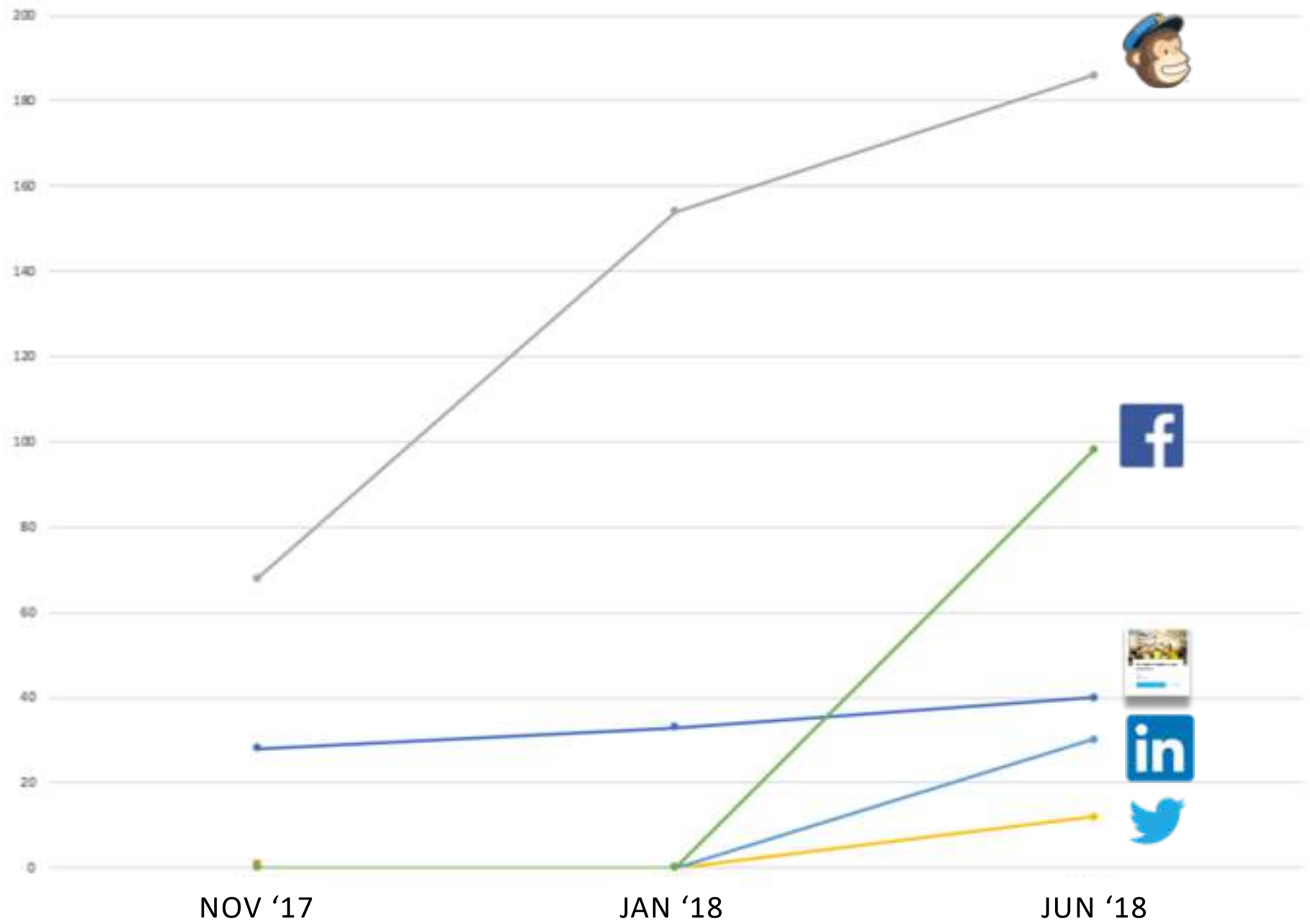


Total Page Likes as of Today: 97



Shares 'OMTM'





What can you do?



Share in your network ↗

- Share Good Practices in your personal networks ([How?](#))
- Subscribe to the quarterly newsletter ([Here](#))
- Connect to [Facebook](#), [LinkedIn](#) and/or [Twitter](#)

What can your organisation do?

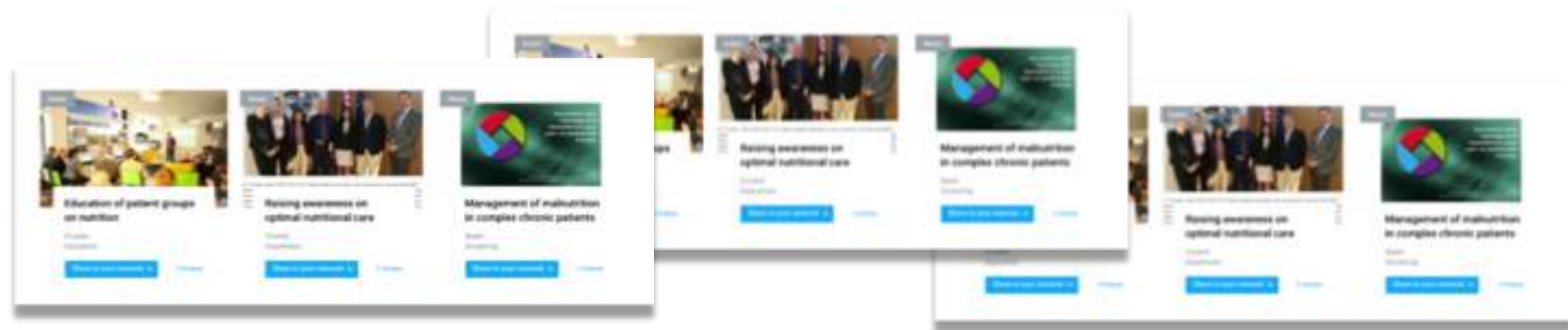
- Submit new Good Practices ([How?](#))
- Sharing via your own website, social channels and mailings
- Connect your comms to ONCA ([Joost](#))



Next steps

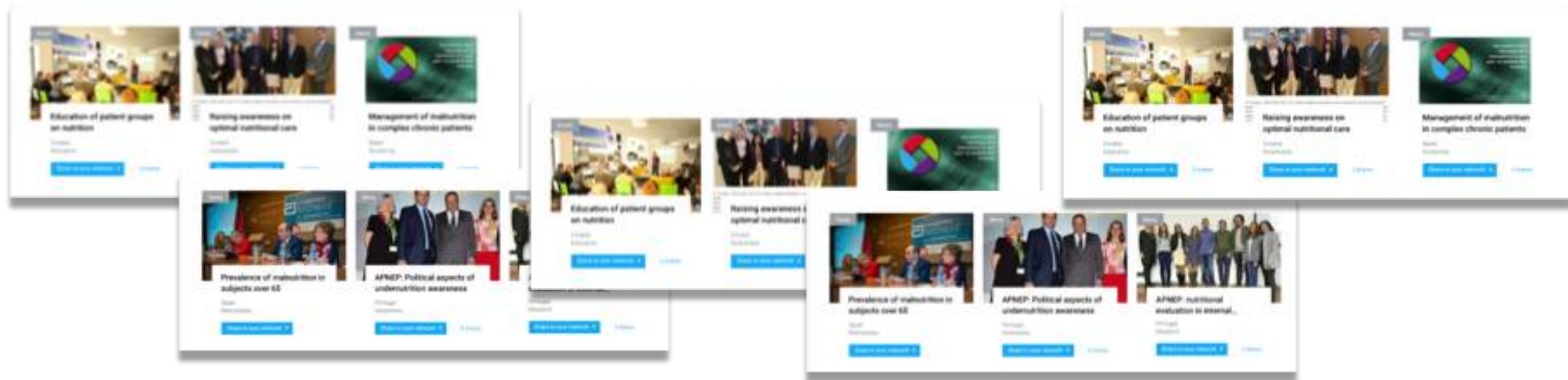
- **Increase number of Good Practices [2 per year=>36]**
- Increase number of direct contacts (comms)
- Connect to medical education
- Increase shares, followers & subscribers

optimal
nutritional care
for all



www.european-nutrition.org

- 1 Find your Good Practice
- 2 Share it to your networks
- 3 Boost the campaign's reach



Agenda November Conference Sintra, Portugal

- Introduction by the local organising committee
- Discussion on key topics and format
- Speakers to be invited

ONCA Conference in Sintra, Portugal

12 – 13 November 2018



Aníbal Marinho

Sintra, one of the most beautiful cities in Portugal



The Pena Palace is a fine example of Romanticist castles (Rolf E. Staerk / Shutterstock.com)





- Quinta da Regaleira
 - The estate consists of a romantic palace and a luxurious park which features lakes, grottos and wells





Prof. Aníbal Marinho (Presidente da APNEP), Dr. Basílio Horta (Presidente da C.M. Sintra), Frank de Man (Secretário-Geral da European Nutrition for Health Alliance)

- **APNEP / ONCA** have had many fruitful meetings with the Mayor of Sintra over the last few months
- **ONCA** has the full, enthusiastic support of the Sintra Town Council



- Sintra Town Council has very kindly offered the full use of their facilities:

- Main Auditorium (for the opening ceremony and for the plenary sessions)



- Three different rooms in the museum (for the group sessions)





Presidents of various Portuguese health associations will attend the opening ceremony





Presidents of various Portuguese health societies will attend the opening ceremony





The heads of more than 12 Patients Groups Associations



“Aliança – Nutrição para Todos”

White Paper

I Encontro de nutrição artificial domiciliária:
a relevância das associações dos doentes e cuidadores

Sintra, 10 de março de 2018

Participantes

Acreditar

Associação Nacional de Fibrose Quística
Associação Portuguesa da Doença Inflamatória Intestinal
Associação Portuguesa de Neuromusculares
Associação Portuguesa de Esclerose Lateral Amiotrófica
Associação Portuguesa de Nutrição Entérica e Parentérica
Associação Portuguesa de Ostomizados
EuropaColon Portugal
Fundação do Gil
Liga Portuguesa Contra a SIDA
Portugal AVC
Sociedade Portuguesa de Esclerose Múltipla
SOL – Associação de Apoio às crianças VIH/SIDA

Organização

Associação Portuguesa de Nutrição Entérica e Parentérica





Important government officials
will also attend the opening
ceremony





Sintra Council

- There will be a complementary bottle of the famous local wine (Colares de Honra) to all delegates.





- The Conference Dinner will take place in the Palace of Sintra in the “Swan Room”

How to get to Sintra from Lisbon airport (30 km)

Page showing travel options from Lisbon Airport (LIS) to Sintra, Portugal, with a map and various transport modes.

Transport Options:

- Metro, trem:** 4€ - 7€, 58 min
- Linha 783 ônibus, trem:** 4€ - 6€, 1 h
- Táxi:** 45€ - 60€, 22 min
- Carro:** 3€ - 5€, 22 min
- Uber:** 21€ - 29€, 22 min

Other Services:

- Alojamento em Sintra:** 184 resultados em Sintra
- Aluguel de Carros:** Comparar preços de alugel de carros
- Coisas para fazer?:** Ver atrações

Map: A map of the Lisbon region showing the route from Lisbon Airport (LIS) to Sintra. The route is highlighted in purple, passing through Amadora and Odivelas. Key locations marked include Lisboa, Amadora, Odivelas, Sintra, and the Parque Natural de Sintra-Cascais. The map also shows the Tejo estuary and the Reserva Natural do Estuário do Tejo.

Map Controls: Transporte, Estrada, Satélite

Dados do mapa ©2017 Google, Inst. Geogr. Nacional 2 km

- Thank you all for your time
- Hope to see you all in Sintra in November



We look forward to welcoming you in Sintra



ONCA Conference, 12 & 13 November 2018

“Fair access to medical nutrition – an announced breakthrough”

Main topics

- “Best practices for effective nutritional screening implementation” – how to guarantee malnutrition early diagnosis”
- “HCP Education for empowered medical nutrition prescription”
- “Arising role of Patient Associations within local environment”

Draft Agenda

'Fair access to medical nutrition – an announced breakthrough'
ONCA Conference, Sintra – Portugal, November 12 & 13, 2018

Agenda

Chairs: Anne de Looy & Olle Ljungqvist

12 November

09.00– 10.15: Arrival and registration

10.30 - 12.00: Opening Ceremony

Welcome by the Portuguese' hosts

- Dr. Aníbal Marinho
- Portuguese Patient Associations Alliance "Nutrition for All"
- European MEP (Patient)
- Ministry of Health
- President of the Republic

To be defined: External speaker "Best practices of outpatient nutritional care - how ensure nutritional interventions from inpatient to outpatient settings"

12.00- 13.00: Networking Lunch

13.00 - 15.00: Hot topics:

"Best practices for effective nutritional screening implementation" – how to guarantee malnutrition early diagnosis"

"HCP Education for empowered medical nutrition prescription"

"Arising role of Patient Associations within local environment"

15.00 - 15.30: Coffee break

15.30 - 17.30: Break out session:

- Patient Associations Representatives (Room MUSA 1)
- Medical Societies Representatives (Room MUSA 2)
- Industry Groups Representatives (Room MUSA 3)

17.30 - 19.00: Free time (Hotel: Pestana Sintra Golf)

19.30 - 20.00: Optional: Visit to Sintra National Palace

20.00 - 20.30: Cocktail "Colares de Honra"

20.30 – 22.00: Dinner at Sintra National Palace

Draft Agenda

13 November

09.00 – 11.15: To be defined
• Brainstorm session

11.15- 11.30: Coffee Break

11.30- 13.00: To be defined

13.00- 14.00: Lunch

Topics to discuss

- “How to address the aging of the population in the future related to malnutrition / what is being implemented “
- “How to implement an outpatient nutrition support program”
- “Global warming - impact on the nutritional support of the population in the future”

Status co-funding and ONCA agenda 2018

Frank de Man
*Secretary General, ONCA
Campaign*

The background of the slide is a repeating pattern of small triangles in light blue, light green, and light orange, arranged in a larger triangular grid.

optimal nutritional care **for all**

Frank de Man LL.M, PhD
Secretary general

optimal
nutritional care
for all

coordinated by

 The European
Nutrition for Health Alliance



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM



optimal nutritional care for all

‘a European health innovation initiative’

Strategy

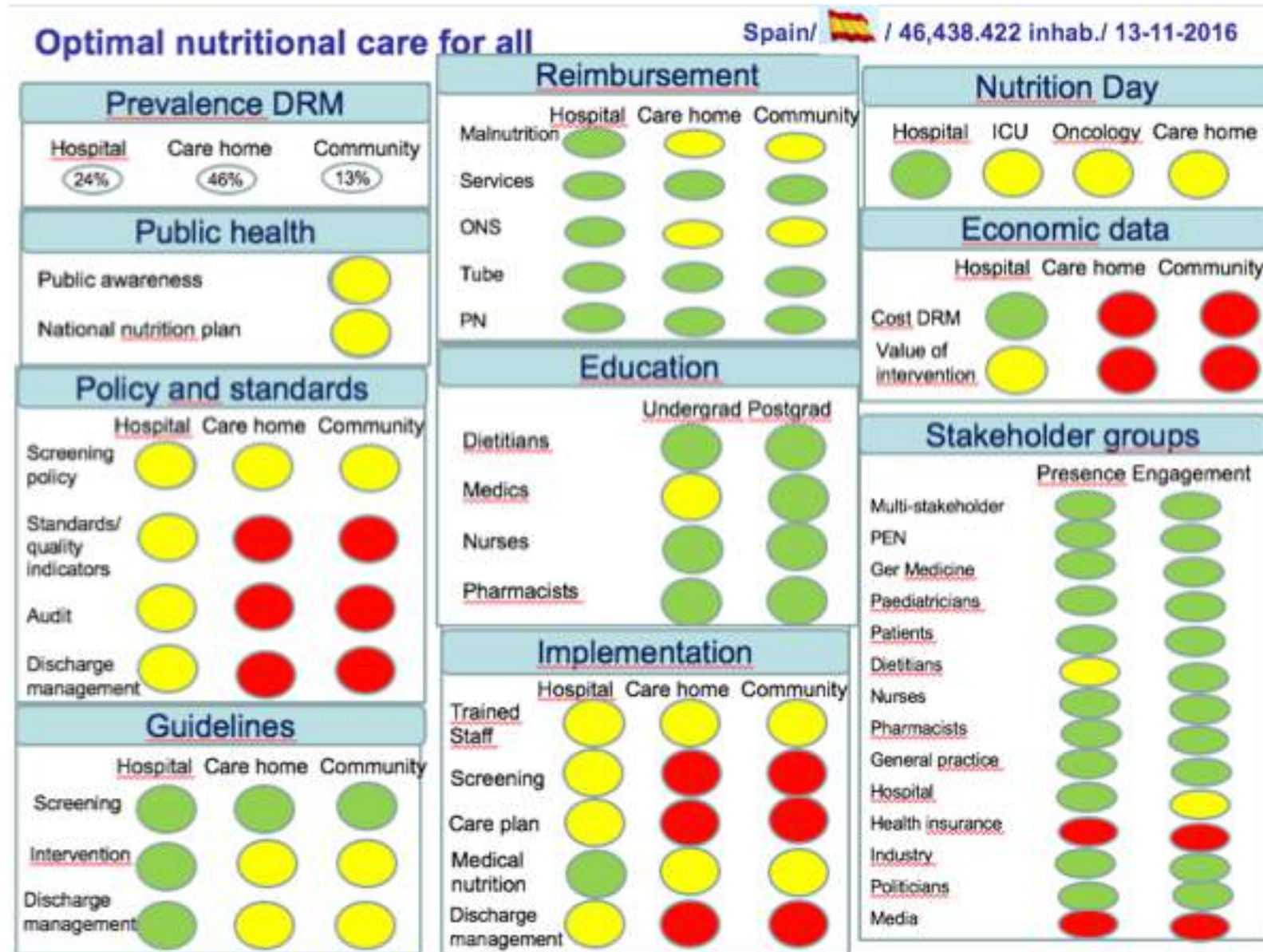
- Inspiring branding across Europe
- Driven by groups of key national stakeholders including patient groups
- Agreed priorities and key performance indicators (KPI's) across Europe
- Sharing good practices
- Progress measured per country

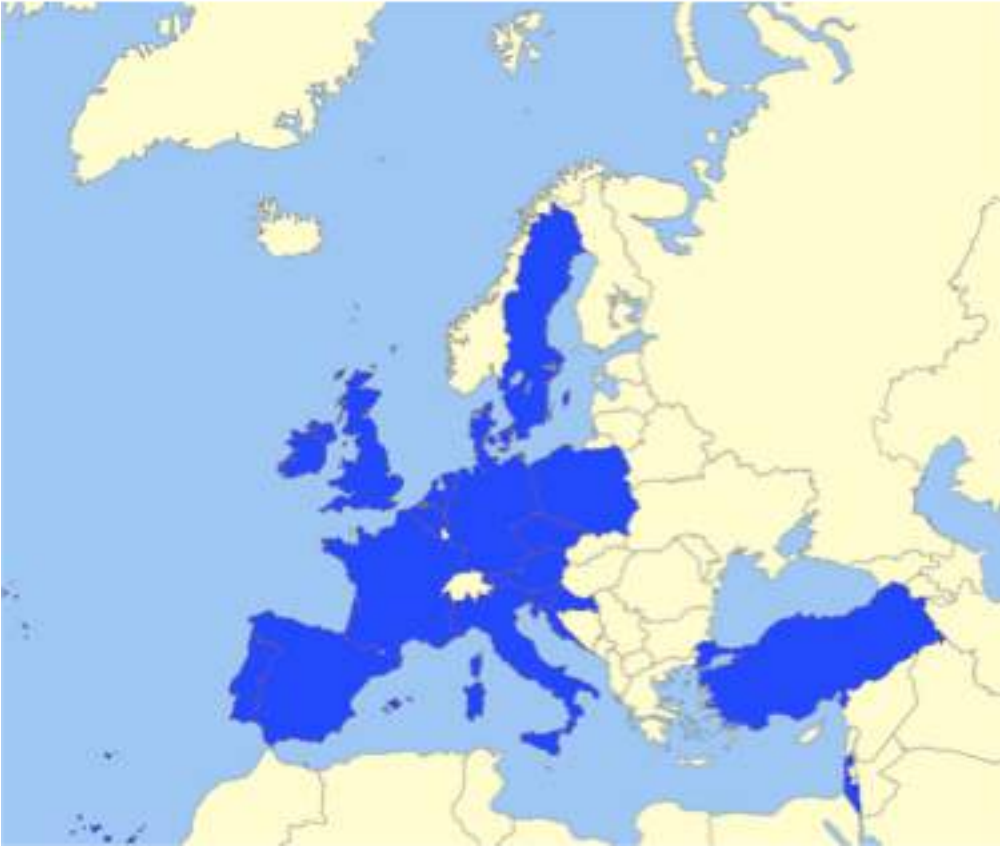
ENHA

- Provides structure, coordinates, inspires and facilitates

Optimal Nutritional Care for All

Measure progress per country: Spain





optimal
nutritional care
for all

18 countries work together:
key events

Workshop
June 8,
Leiden, NL,
2018

EU Patients
Groups on
Nutrition,
Q1-4 meetings
in Brussels

Implementation
conference
November 12 & 13,
Sintra, Portugal,
2018

optimal
nutritional care
for all

Madrid conference 2016: Key role EPF – Parent testimony



optimal
nutritional care
for all

Madrid conference 2016: Key role EPF – Patient's testimonies





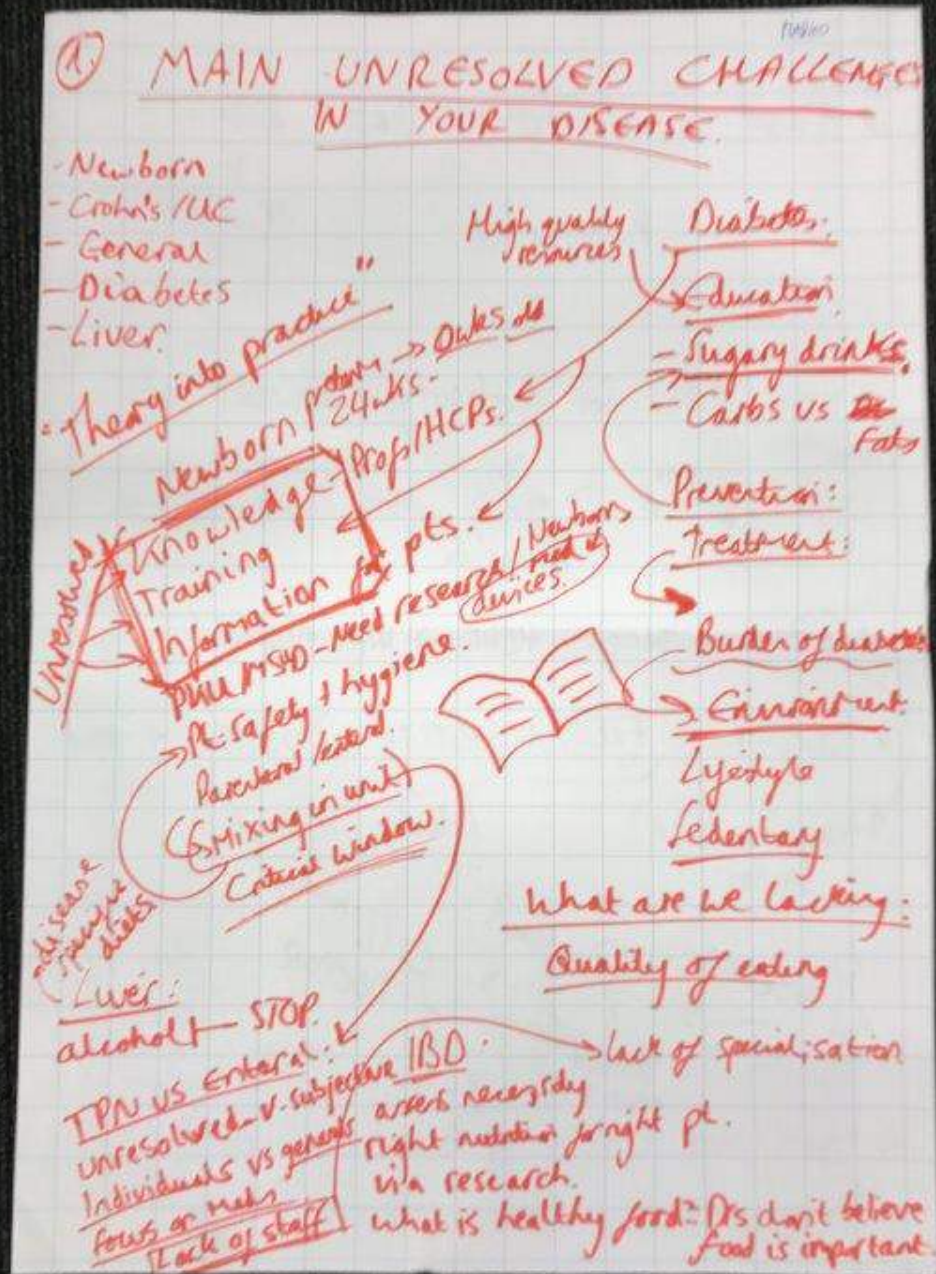
Robert Johnson & Cees Smit



Igor Soltes

Key findings from the 2017 ONCA survey

- Key strengths of the ONCA campaign:
 - shared multidisciplinary agenda at the national level
 - learning from each other as a basis for continuous innovation
- Countries keen to collaborate on research into the prevalence and cost of malnutrition/undernutrition in the community.
- 88.5% of respondents would be interested in developing education and training programmes for undergraduate health professionals.
- The greatest perceived weakness of the ONCA campaign is staff/human resource shortages



European Patient Forum Conference, June 29

Marco Greco, EPF chair

"Nutrition, nutritional care and the collaboration with ONCA are one of EPF's key priorities for the upcoming years"



Structural & sustainable collaboration with the European Patient Forum



EPF Position Statement on Information to Patients on Food and Nutrition

March 2018

Key priorities 2018

- Two more countries: Austria & Poland
- Accelerate marketing communication and social media activities
 - Joost !!
- Intensify collaboration patient organisations EPF/EGAN
 - Guidelines versions for patients in collaboration with ESPEN & MNI
- Applied research project: Prevalence of malnutrition in the community

- Every euro spent on ONCA !
- More than 60% of the total ONCA budget are in-kind contributions by the countries and ENHA members
- Increased cash contributions in 2017 and on
 - ENHA members and countries
 - MNI continues at 2017 level
 - **Call for increasing/sustaining NIG's country contributions**



National Industry Groups

Join ONCA !

Why join ONCA now ?

- Momentum increasing, buy-in 18 countries & key stakeholders
- Patient groups strengthen ONCA purpose and credibility
- National KOL's and patient groups leverage access to policymakers
- Driving national implementation including reimbursement
- Delivering better nutritional care across Europe by creating and sharing good practices, for example:

optimal
nutritional care by creating and sharing good practices
for all

Deliver better nutritional care, country by country



Education of patient groups on nutrition

Croatia
Education

Share in your network

37 shares



Personal patient story – Cystic Fibrosis

Israel
Patient Story

Share in your network

2 shares



Raising awareness on optimal nutritional care

Croatia
Awareness

Share in your network

9 shares



LLL courses organised for public hospital pharmacists

Turkey
Malnutrition



BAPEN Nutritional Care Tool

United Kingdom
Malnutrition

Share in your network

5 shares



Management of malnutrition in complex chronic patients

Spain
Screening

Adjourn