



## ONCA CONFERENCE 2018

# Optimal Nutritional Care Across Europe: Fair Access & Shared Decision Making

18 Countries, One Mission - Sintra, Portugal, November 12 and 13



The Municipality of Sintra is honoured to host the ONCA (Optimal Nutritional Care For All) International Conference, in close partnership with APNEP (Portuguese PEN society of Enteral and Parenteral Nutrition). The ONCA/APNEP /Municipality of Sintra partnership has worked closely for over a year and will continue to do so in the future.

The Sintra City Council believes that improvement in quality of life and health policies for all citizens are priorities of local government. It also believes in developing strategies and increasing accessibility to health care in all its forms and optimizing health care with a commitment to health education, especially in nutritional support.

This is an event of utmost importance that will have great national and international impact and is of particular importance to the municipality of Sintra. We have sought to develop, through the promotion of local strategies, optimal health care.

This is why we hope that this Conference will bring about firm commitment and strategies that will reinforce the work we have been undertaking together.

I congratulate the ONCA organization on the importance of the challenges that have been set, expressing the hope that this conference will achieve all its objectives.

*Basílio Horta, Mayor of Sintra*

**'Optimal Nutritional Care Across Europe: Fair Access & Shared Decision Making'**



**18 Countries, One Mission**

Welcome address

On behalf of the conference chairs prof. Anne de Looy, prof. Olle Ljungqvist and the Portuguese organisation committee, chaired by prof. Anibal Marinho, it is our great honor to organize the fifth 'Optimal Nutritional Care for All' conference in Sintra, Portugal.

Since decades, outcomes of European scientific research show that nutritional

screening and appropriate nutritional care have a positive impact on early recovery of patients, disease management, length of stay in hospitals and thus health care cost.

33 million adults in Europe are at risk of malnutrition (undernutrition), which amounts to an estimated cost of €170 billion each year to European healthcare systems.

Nutrition and nutritional care are bare necessities and essential components of disease management.

Shared decision making among patients and professionals is key in improving nutritional care.

'Optimal Nutritional Care for All' is an European-wide action programme executed by 18 national alliances with one mission: to improve nutritional risk screening and nutritional care across the region. The campaign is executed by the European Nutrition for Health Alliance.

We are honored the conference will be opened by the Portuguese Minister of Health and welcome all Portuguese and international delegates representing health care professionals, patients' groups, Ministries of Health and other key stakeholders in the sector.

*Frank de Man, LL.M., PhD*  
Executive Director European Nutrition for Health Alliance  
<https://european-nutrition.org>

**CALL FOR ACTION**

In Europe prevalence of cancer-related malnutrition ranges from 25% to 70%. Unfortunately, clinicians often do not diagnose malnutrition risk in cancer patients. Only 1 in 3 cancer patients at risk of malnutrition receive nutrition support.

While in Portugal data from a recent study of patients admitted to Internal Medicine wards of 24 Portuguese hospitals in 2017 showed that half them require nutritional intervention.

Other studies in Portugal have shown that malnutrition is also a prevalent problem in the elderly. 4.3% of community dwelling older adults are malnourished, while 25.4% are at risk of malnutrition. Moreover, in long-term care home residents, this prevalence can reach 85%.

Overall, it is estimated that 115,000 outpatients, almost 1% of the Portuguese population, require nutritional support.

The annual cost to the Portuguese National Health Service (NHS) for treatment of these patients is estimated to be around €255 million. The estimated total cost of patients requiring clinical nutrition is around €89 million. Therefore the eradication of malnutrition would result in a significant reduction in NHS spending, with a net annual saving of more than €166 million.

For every € 1 invested in this nutritional therapy the Portuguese NHS saves € 1.86.



**How much more data do we need to take immediate action regarding malnutrition?**

*Anibal Marinho*  
Chair Portuguese Organising Committee  
Chair Portuguese APNEP Society

**Undernutrition in hospitalized and care home patients**



Undernutrition refers to a state of insufficient intake, use or absorption of energy and nutrients, resulting in rapid weight loss and organ failure, which may be related to a worse health outcome or its treatment. Undernutrition represents a serious health problem that is often hidden by other clinical situations, such as obesity. It is directly related to an increased risk of infections and complications and also has a negative impact on quality of life. This reinforces the necessity for hospital treatment and has serious consequences,

such as decreased functional capacity and increased morbidity and mortality. Undernutrition and the associated conditions increase costs at personal, family, societal and health system levels.

Although this problem is increasingly recognized in Portugal, it was highlighted through a multicenter study carried out in six Portuguese hospitals, that prevalence of undernutrition was extremely high, affecting one in three patients at the time of hospital admission. Recent data from the ANUMEDI multicenter study carried out in Internal Medicine wards from 22 hospitals, revealed that more than 50% of patients are at risk of undernutrition at hospital admission and 17% are already severely undernourished. Within the PEN-3S study, a nationally representative sample of the Portuguese population aged 65 years or more residing in care homes was evaluated. Of these, 4.8% were identified as undernourished and 38.7% were already at risk of undernutrition.

Undernutrition is potentially preventable and reversible. Their prevention and treatment are effective, safe and inexpensive in most situations.

*Teresa F. Amaral*  
Nutritionist. Associate Professor at the Faculty of Nutrition and Food Sciences of the University of Porto ([tamaral@fcna.up.pt](mailto:tamaral@fcna.up.pt))

### Advances in Spain in the fight against disease-related malnutrition



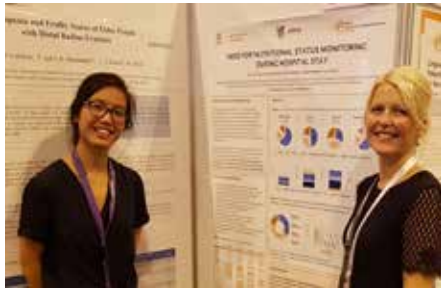
Spanish Alianza Másnutridos, born from the union of the Spanish Society of Clinical Nutrition and Metabolism (SENPE) and the Abbott Foundation, aims to fight the disease-related-malnutrition in Spain. Since its creation in 2011, it has been expanding to reach the 16 organisations among scientific societies, patients and professional associations that currently form it.

Alianza Másnutridos has focused its efforts on raising awareness of the importance of including malnutrition in national and regional health strategies, in order to improve the situation of malnourished patients. In 2011, the Consensus on the Multidisciplinary Approach to Malnutrition in Spain, signed by the representatives of more than 35,000 health professionals represented in 22 Societies and Scientific Associations, the Nutrition Foundation and the Forum of the Patient was presented at

the Ministry of Health, Social Services and Equality. Several legislative initiatives have been promoted during these years, with particular reference to the non-law proposition approved unanimously by the Spanish Congress of Deputies in March 2018, requesting the introduction of measures to improve the approach to disease-related-malnutrition in Spain. This is one of the most important milestones achieved by the Alianza Másnutridos, counting with the support of all political groups in the chamber. This document promotes a route map including sensitizing health care professionals, patients and caregivers on the importance of DRM, the implementation of screening programs in hospitals, nursing homes and primary care, followed by and adequate treatment with adaptation of hospital food and medical nutrition. The fact that home medical nutrition is reimbursed by the Spanish National Health Service since more than 20 years has allowed the continuity of care of malnourished patients at home.

*In the photo, members of the Spanish Másnutridos Alliance are receiving the MNI grant, during the ESPEN congress celebrated in Madrid 1-4th September 2018*

### Ongoing efforts to fight malnutrition in The Netherlands



In the Netherlands, activities to prevent and treat malnutrition are conducted both on the national level, coordinated by the Dutch Malnutrition Steering Group (DMSG), and the regional level. Key characteristics of these activities are to link knowledge by bringing together available expertise from different angles and by different disciplines, to translate knowledge into practice, to disseminate knowledge, and to secure knowledge.

#### Activities on the national level

Over the past 15 years, the DMSG has developed into a multidisciplinary knowledge center for awareness, prevention, identification and treatment of malnutrition. The DMSG works together with health care professionals, scientists, food industry, local and national governments and councils, senior citizens and patient organizations and health insurance companies, which resulted in the recognition of malnutrition as an important health care problem. Screening and treatment of malnutrition have become mandatory quality indicators for Dutch health care. Moreover, malnutrition has become an official indication for reimbursement of medical nutrition in the basic health insurance. New malnutrition guidelines, tools, quick and easy screening tools have been developed and validated. The Dutch approach, including freely accessible materials are available on the website: <https://www.fightmalnutrition.eu/>.

Initially, the DMSG focused on reducing malnutrition in institutions like hospitals, nursing homes, rehabilitations centres. More recently, at the request of the Dutch Ministry of Health, the DMSG also focuses on community dwelling older adults and their informal care givers. Therefore, in 2016 the DMSG started the project Healthy nutrition for healthy ageing. Based on outcomes of focus groups and interviews with these groups,

materials that matched their needs were developed, including a website for community dwelling older adults and their informal care givers ([www.goedgevoedouderworden.nl](http://www.goedgevoedouderworden.nl); in Dutch only). This website contains information about malnutrition, recipes, self-tests, and advice that can be linked to outcomes of these self-tests. To increase awareness and knowledge among formal care givers (e.g. district nurses), dietitians were trained by the DMSG in educating formal care givers. The project continued with the recent launch of an education expert group in malnutrition, to improve education on malnutrition in study programs of health care professionals (other than dietitians). Also, a project has been started on treatment of nutrition-related problems in community-dwelling persons with dementia (TrEat project). Finally, the DMSG runs a project called personal Nutrition Passport, aiming to improve nutrition care in transfer between different health care settings.

#### Activities on the regional level

In two hospitals in the Northern Netherlands, projects are conducted to expand nutritional screening to nutritional assessment and monitoring during hospital stay, and to broaden the institutional malnutrition policy to an approach in which not only the dietitian, but also other health care professionals are actively involved. A pilot study in the University Medical Center Groningen showed that the majority of patients (86%) who were malnourished on hospital admission, remained malnourished during hospital stay. Moreover, 31% of patients who were not malnourished on admission became malnourished during hospital stay. In addition, malnourished patients had an increased length of stay in the hospital as compared to well nourished patients.

Moreover, the regional hospital Nij Smellinghe has renewed its malnutrition policy to facilitate prevention and treatment of malnutrition and its risk factors, using a multidisciplinary approach. This policy is currently being implemented and will be evaluated, taking into account applicability, including 'community readiness', and cost-effectiveness.

### MUST – The Malnutrition Universal Screening Tool

United Kingdom

#### Malnutrition

Numerous studies have demonstrated a high incidence of undernutrition in hospital and care home patients. The British Association for Parenteral and Enteral Nutrition has developed the Malnutrition Universal Screening Tool (MUST) which has been extensively validated and can be used to detect risk of malnutrition.

MUST was developed and validated in 2003 and has been promoted by BAPEN as a nutrition screening tool.

It is now recommended that all hospital and care facility patients in the UK should be screened for malnutrition within 48 hours of admission and that a nutrition care plan (part of the tool) is put into action as a result.

Screening should be repeated at weekly intervals in the acute sector and monthly in the chronic care setting.

#### Outcome

MUST is now the most extensively used nutrition screening tool in the UK.

**Full involvement of Sintra gabinet in ONCA Conference**



**Dietitians across Europe are taking action to combat malnutrition**

The European Federation of the Associations of Dietitians (EFAD) represents over 33.000 dietitians (half of the profession) in 28 EU countries. Together they are taking actions to prevent and treat malnutrition wherever and whenever it may occur. EFAD has Dietitians who specialise, for example with Older Adults and/or Oncology patients, working across Europe to reduce or eliminate malnutrition. This network has produced a Role Statement<sup>1</sup> and a Briefing Paper<sup>2</sup> on the Role of the Dietitian in the Prevention and Management of Nutrition-related Disorders in Older Adults. We know from research work undertaken in The Netherlands<sup>3</sup>, Belgium<sup>4</sup> and elsewhere that dietetic intervention importantly also has social, health and cost benefits during the treatment of malnutrition. At the recent EFAD conference (Rotterdam 2018)<sup>5</sup> dietitians discussed the role of protein and other nutrients in the development, prevention and treatment of nutrition-related disorders like malnutrition and sarcopenia, as well as knowledge gained from both national and international research projects on nutrition and ageing conducted in Europe, including the EU project PROMISS and Nutrition UP<sup>65</sup>. New global criteria for the diagnosis of malnutrition (Global Leadership Initiative on Malnutrition; GLIM)<sup>6</sup> was also discussed with a view to multiprofessional implementation for greater unity of purpose across healthcare. EFAD’s European Dietetic Action Plan (EuDAP) 2016-20217 is mapping information on dietitian-led projects in Europe that are contributing to meeting the objectives of the WHO Europe Food and Nutrition Plan. The Executive Summary of the 2017 data<sup>8</sup> show how dietitians are actively running malnutrition related initiatives across Europe. EFAD is proud to contribute to the ONCA campaign through the actions of its members across Europe.



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