

Good practices for effective nutritional screening and early malnutrition diagnosis

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Lead European Specialist Dietetic Network Older Adults




EFAD *The Voice of European Dietitians*

EFAD development and European dietetic representation

- The European Federation of the Associations of Dietitians (EFAD) was established in 1978 in Copenhagen, Denmark with 10 member associations
- In 2018, EFAD has 28 full members and 5 affiliate members representing over 33,000 dietitians in 28 countries
- EFAD has over 38 Higher Education Institutions (HEI) associate members
- EFAD is a not-for-profit organisation that does not pursue any political or religious ends



10 European Specialist Dietetic Networks (ESDNs)


The Voice of European Dietitians

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Specialists Networks

EFAD has ten European Specialist Dietetic Networks (ESDNs).

Each ESDN is managed by a committee of dietitians who are experts in their field.



ESDN Older Adults



Harriët Jager-Wittenaar (Lead) – Hanze University of Applied Sciences (NL)



Elizabeth Archer – Nottingham Healthcare Foundation NHS Trust (UK)



Stacey Jones – Coventry University (UK)



Marijke Meeusen – Artesis Plantijn Hogeschool (BE)



Cecília de Moraes – University of Porto (PT)



Dilek Ongan – İzmir Kâtip Çelebi University (TR)



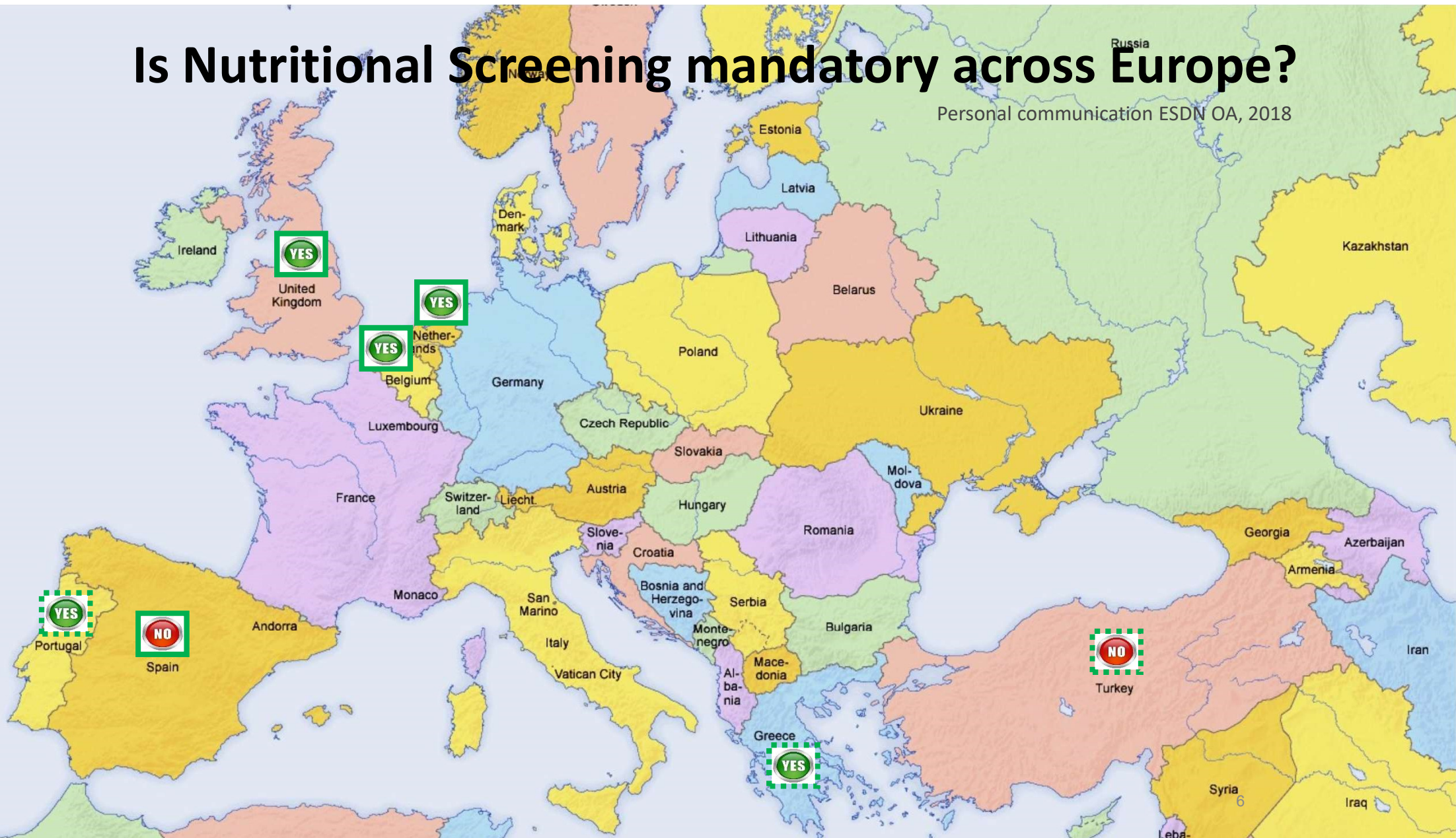
Mar Ruperto Lopez – Universidad Alfonso X El Sabio (ES)



Amalia Tsagari – KAT General Hospital (GR)

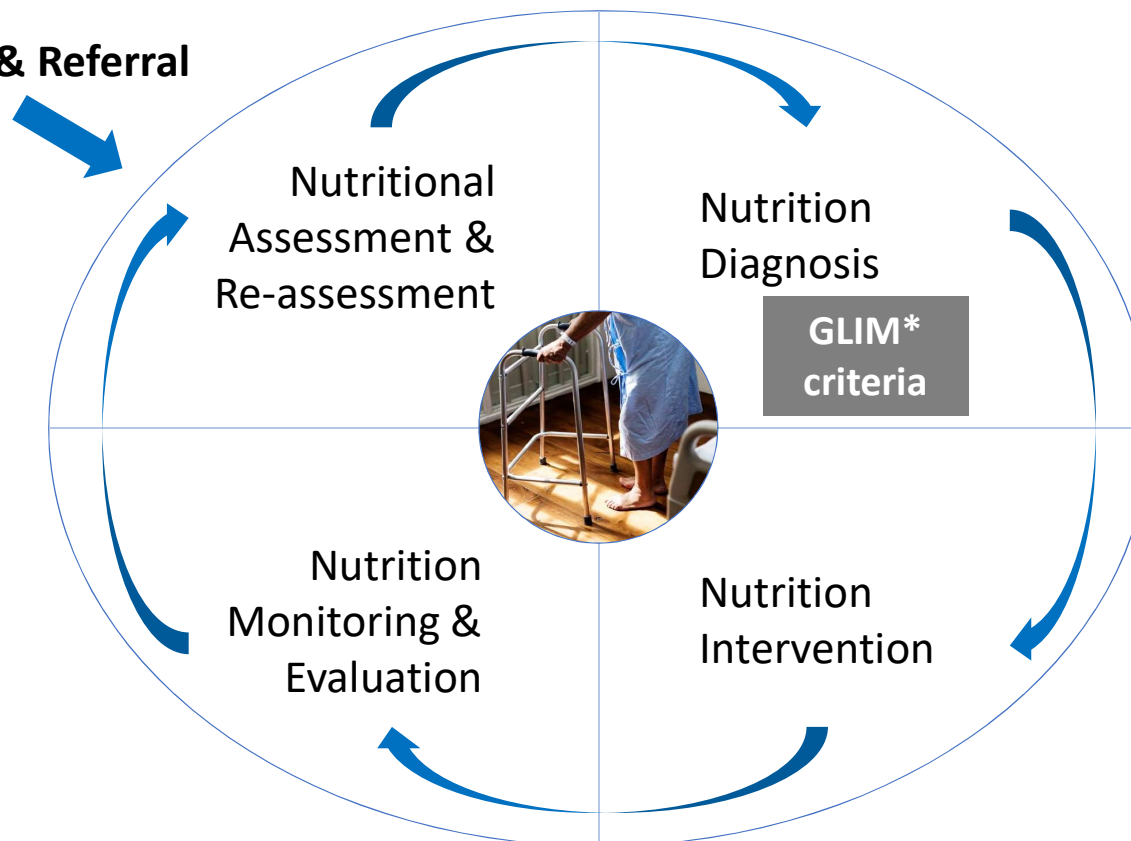
Is Nutritional Screening mandatory across Europe?

Personal communication ESDN OA, 2018



Nutrition Care Process

Screening & Referral



***GLIM =**
Global Leadership Initiative
on Malnutrition

Tackling malnutrition: multi-/interdisciplinary effort

Oral hygienist

Nurse

Physician



Speech therapist

Dietitian

Physiotherapist



Portuguese ANUMEDI Study: Poor agreement of malnutrition risk classification between physician's subjective evaluation and validated malnutrition risk tool



- N=729
- 24 hospitals
- Age 78 (18-101) yrs
- 90% low education level (≤ 12 th grade)
- At admission at Internal Medicine ward:
 - NRS 2002
 - Portuguese PG-SGA

		Subjective evaluation		
		Not at risk n (%)	At risk n (%)	Total
NRS 2002	Not at risk (<3)	241 (67)	117 (33)	358 (49)
	At risk (≥ 3)	96 (26)	275 (74)	371 (51)
	Total	337	392	729

Table 2 – Comparison between subjective evaluation of nutritional risk and NRS 2002.

$k=0.415$, $p<0.001$



Portuguese ANUMEDI Study: Poor agreement of malnutrition diagnosis between physician's subjective evaluation and validated nutritional assessment tool



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- 24 hospitals
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- At admission at Internal Medicine ward:
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		Subjective evaluation		
		Not at risk n (%)	At risk n (%)	Total
PG-SGA Categories	Well nourished	169 (85)	29 (15)	198 (27)
	Moderate/suspected malnutrition	159 (40)	248 (60)	407 (56)
	Severely malnourished	9 (7)	115 (92)	124 (17)
	Total	337	392	729

Table 3 – Comparison between subjective evaluation of nutritional risk and malnutrition according to PG-SGA Categories.

PG-SGA: $k=0.440$, $p<0.001$

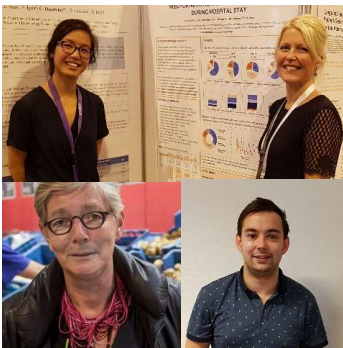


Dutch Study - Groningen:

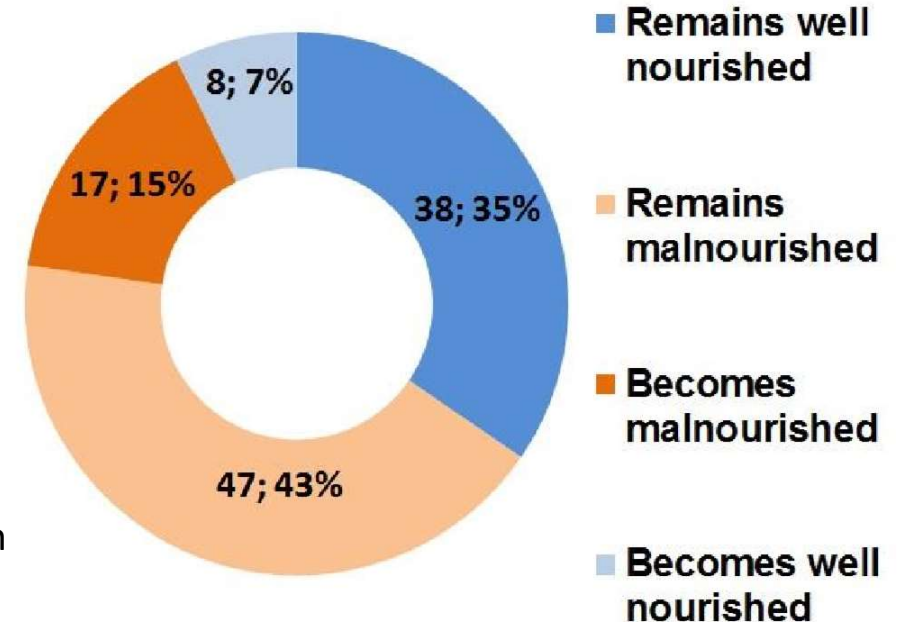
Overall nutritional status remains quite stable



University Medical Center Groningen



- N=652 → repeated measurements: N=110
- Age 58.3 ± 16.8 years
- 4 wards
- Dutch PG-SGA
- At admission, day 4, day 10, and before discharge (if length of stay >14 days)
- PG-SGA Categories:
 - Stage A = Well nourished
 - Stage B = Moderate/suspected malnutrition
 - Stage C = Severely malnourished



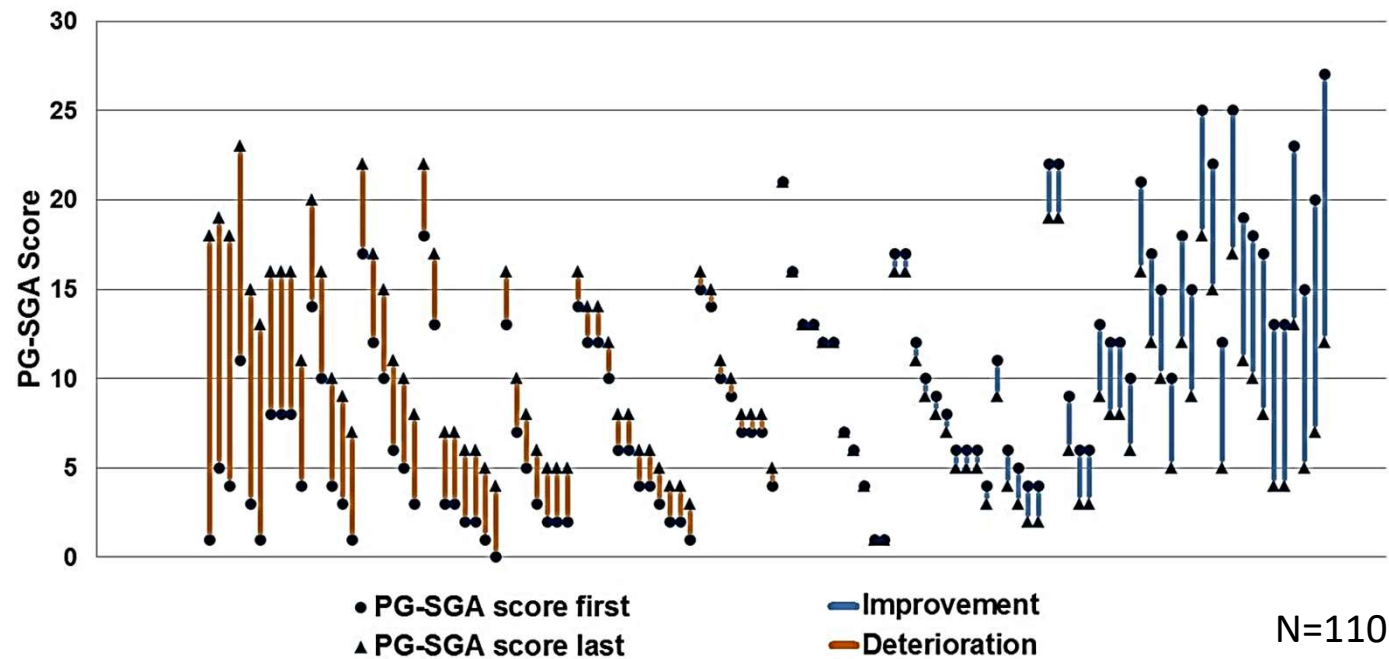
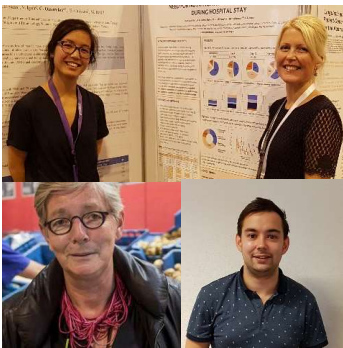


But:

... half of the patients had an increase
in need for nutritonal interventions during hospital stay



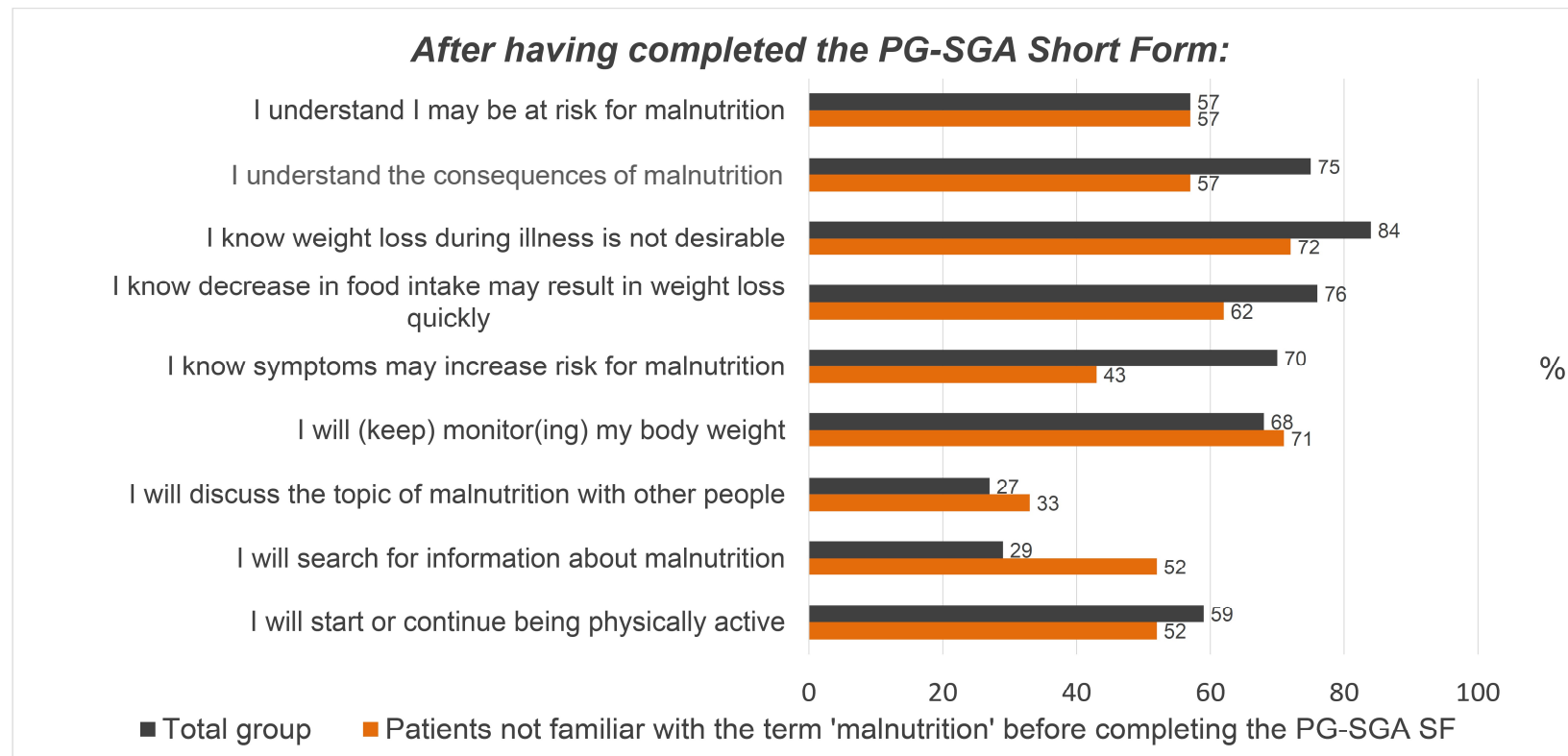
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PG-SGA score ≥ 9 indicates critical need for interdisciplinary interventions



Self-screening by PG-SGA Short Form may increase patient awareness Head and neck cancer patients (n=59)

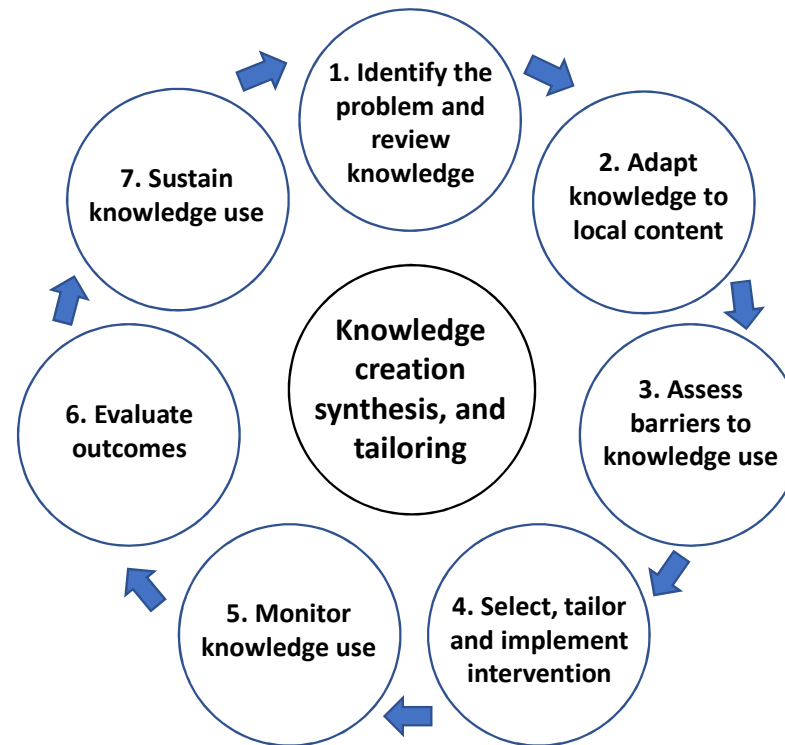


Implementation of screening: what regional / local challenges do we face?

- Resistance to changing practice
- Not knowing where to start
- Lack of leadership by healthcare professional
- How to make the shift from project to routine practice?
- ...



Implementation study: Knowledge-to-Action



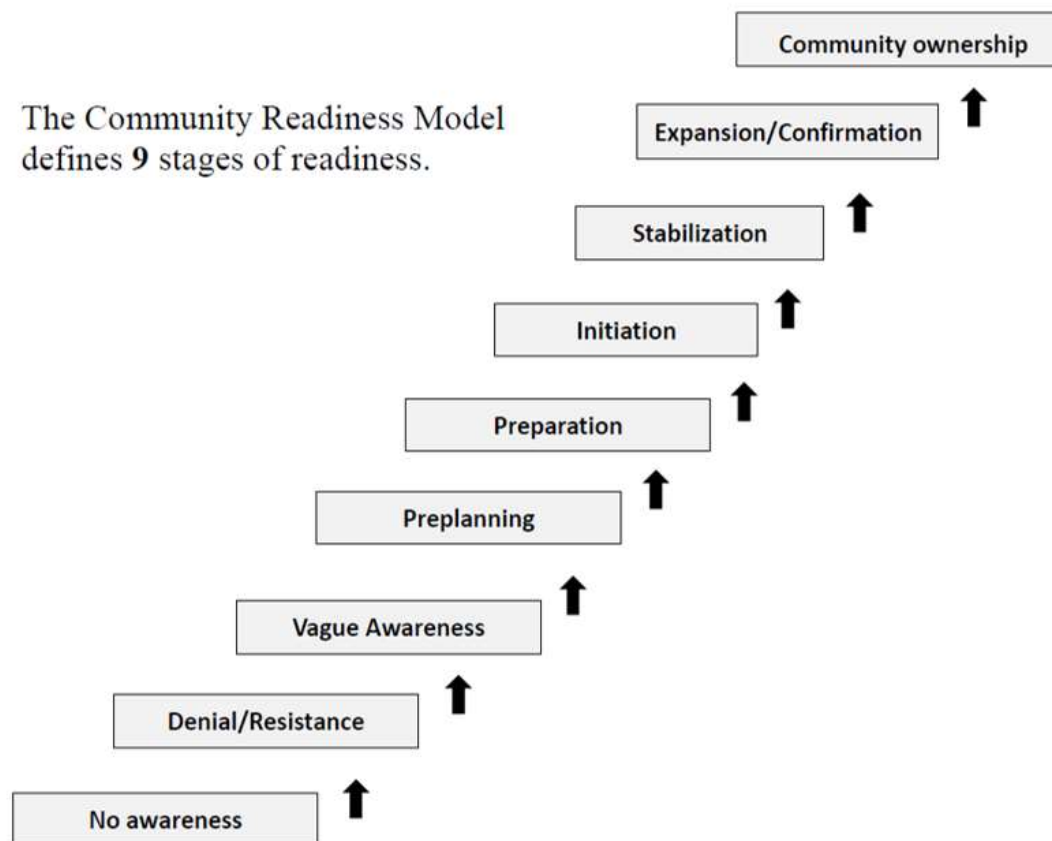
Laur C & Keller HH. J Multidisc Healthcare 2015
Graham ID et al. J Contin Edu Health Prof 2006



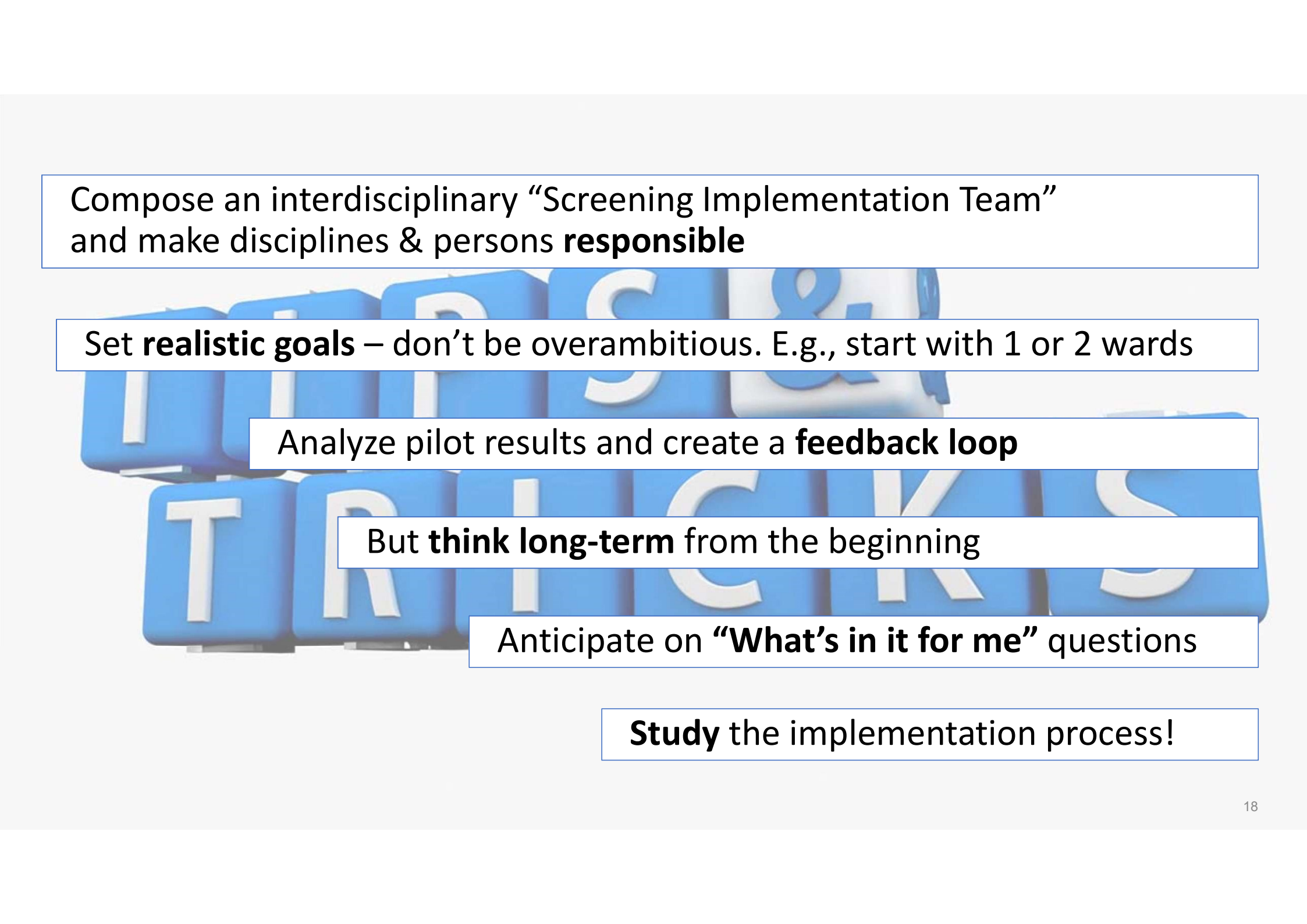
Implementation study: Community Readiness Model



The Community Readiness Model
defines 9 stages of readiness.



TIPS & TRICKS



Compose an interdisciplinary “Screening Implementation Team” and make disciplines & persons **responsible**

Set **realistic goals** – don’t be overambitious. E.g., start with 1 or 2 words

Analyze pilot results and create a **feedback loop**

But **think long-term** from the beginning

Anticipate on “**What’s in it for me**” questions

Study the implementation process!

Key points



- Prevention and treatment of malnutrition requires multi- or interdisciplinary & patient-centric approach
- Screening is just the first step in the nutrition care process
- Malnutrition screening and assessment require validated, translated & cross-culturally adapted instruments
- Window of opportunity:
outpatient setting - before and after hospital admission!

Helpful materials: selected examples



The Role of the Dietitian in the Prevention and Management of Nutrition in Older Adults

Joint Patient Groups
Education

Share to your network 5 shares

The Role of the Dietitian in the Prevention and Management of Nutrition in Older Adults

Issued by the European Federation of the Associations of Dietitians (EFAD), the voice of European Dietitians, this paper outlines the role of the Dietitian in preventing and managing nutrition-related disorders in older adults.

It also highlights Dietitians' core competencies when working with older adults, and references for further reading on how Dietitians can help ensure healthy ageing for all.



www.efad.org

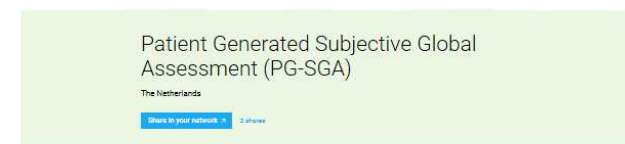
toolkits

Guideline on malnutrition (2017)
Nutrition economics of disease related malnutrition
About the Dutch Malnutrition Steering Group?
Information & Literature
Diagnostics
FAQ
FAQ
FAQ
Guidelines
Results on performance indicators
Summary of Screening tools
General Nutrition and Dietary Treatment in Oncology
Summary of guidelines
Share your products
Partners in the Dutch Approach
Prevalence of malnutrition in The Netherlands
Implementation strategies
General information on malnutrition
Performance Indicators
Performance Indicators
Information & literature
Diagnostics
Screening
Guidelines
Information & Literature
Diagnostics
Diagnostics & Follow-up
Performance Indicators
Screening
Diagnostics
Information & Literature
Guidelines
Screening
Guidelines
Screening
Screening

**Fight
Malnutrition**
www.fightmalnutrition.eu



www.fightmalnutrition.eu/toolkits



Patient Generated Subjective Global Assessment (PG-SGA)

The Scored Patient-Generated Subjective Global Assessment (PG-SGA®) sets the standard of and is the preeminent interdisciplinary patient assessment (weight, intake, symptoms, functional status, disease state, metabolic stress and nutritional/physical examination) in oncology and other chronic catabolic conditions.

The Scored PG-SGA® includes the four patient-generated historical components (Weight History, Food Intake, Symptoms and Activities and Function), the professional part (Diagnosis, Age, Metabolic stress, and Physical Exam), the Global Assessment (A = well nourished, B = moderately malnourished or suspected malnourished, C = severely malnourished), the total numerical score, and nutritional triage recommendations. Subsequently, the Scored PG-SGA® allows for triaging of specific nutrition interventions, as well as facilitating quantitative outcomes data collection.

www.pt-global.org

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BERLIN | GERMANY

SAVE THE DATE

1 & 2 November 2019



Thank you!



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THE ASSOCIATIONS
OF DIETITIANS

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