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)

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)

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Stacey Jones – Coventry University (UK)

Marijke Meeusen – Artesis Plantijn Hogeschool (BE)

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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

Nutritional Assessment & Re-assessment

Nutrition Diagnosis

GLIM* criteria

Nutrition Monitoring & Evaluation

Nutrition Intervention

*GLIM = Global Leadership Initiative on Malnutrition

www.efad.org  ONCA Conference 2018

@ONCAcampaign
#nutritionalcare
Tackling malnutrition: multi-/interdisciplinary effort

Oral hygienist
Physician
Nurse
Physiotherapist
Speech therapist
Dietitian
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 (≤12th grade)
- At admission at Internal Medicine ward:
  - NRS 2002
  - Portuguese PG-SGA

<table>
<thead>
<tr>
<th>Subjective evaluation</th>
<th>Not at risk n (%)</th>
<th>At risk n (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at risk (&lt;3)</td>
<td>241 (67)</td>
<td>117 (33)</td>
<td>358 (49)</td>
</tr>
<tr>
<td>At risk (≥3)</td>
<td>96 (26)</td>
<td>275 (74)</td>
<td>371 (51)</td>
</tr>
<tr>
<td>Total</td>
<td>337</td>
<td>392</td>
<td>729</td>
</tr>
</tbody>
</table>

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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<tr>
<th>PG-SGA Categories</th>
<th>Not at risk n (%)</th>
<th>At risk n (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well nourished</td>
<td>169 (85)</td>
<td>29 (15)</td>
<td>198 (27)</td>
</tr>
<tr>
<td>Moderate/suspected malnutrition</td>
<td>159 (40)</td>
<td>248 (60)</td>
<td>407 (56)</td>
</tr>
<tr>
<td>Severely malnourished</td>
<td>9 (7)</td>
<td>115 (92)</td>
<td>124 (17)</td>
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Table 3 – Comparison between subjective evaluation of nutritional risk and malnutrition according to PG-SGA Categories.

PG-SGA: k=0.440, p<0.001

Marinho R et al. ESPEN 2018
**Dutch Study - Groningen:**
Overall nutritional status remains quite stable

- 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

Van Vliet I et al. ESPEN 2018
But:

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

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)

After having completed the PG-SGA Short Form:

- I understand I may be at risk for malnutrition: 57%
- I understand the consequences of malnutrition: 57%
- I know weight loss during illness is not desirable: 75%
- I know decrease in food intake may result in weight loss quickly: 72%
- I know symptoms may increase risk for malnutrition: 72%
- I will (keep) monitor(ing) my body weight: 68%
- I will discuss the topic of malnutrition with other people: 67%
- I will search for information about malnutrition: 57%
- I will start or continue being physically active: 59%

Jager-Wittenaar et al. ESPEN 2016
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

1. Identify the problem and review knowledge
2. Adapt knowledge to local content
3. Assess barriers to knowledge use
4. Select, tailor and implement intervention
5. Monitor knowledge use
6. Evaluate outcomes
7. Sustain knowledge use

Knowledge creation synthesis, and tailoring

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.

1. No awareness
2. Denial/Resistance
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Expansion/Confirmation
9. Community ownership
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 wards

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!
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

www.efad.org

www.fightmalnutrition.eu/toolkits

www.pt-global.org
Thank you!