



CONTINUITY OF NUTRITION CARE

optimal
nutritional care
for all

THE POWER OF CONCERTED EFFORTS AGAINST MALNUTRITION



International Conference Amsterdam 15 & 16 June

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Nutrition science and policy at a glance

Marian de van der Schueren, RD PhD

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WAGENINGEN
UNIVERSITY & RESEARCH



dutch malnutrition
center of expertise

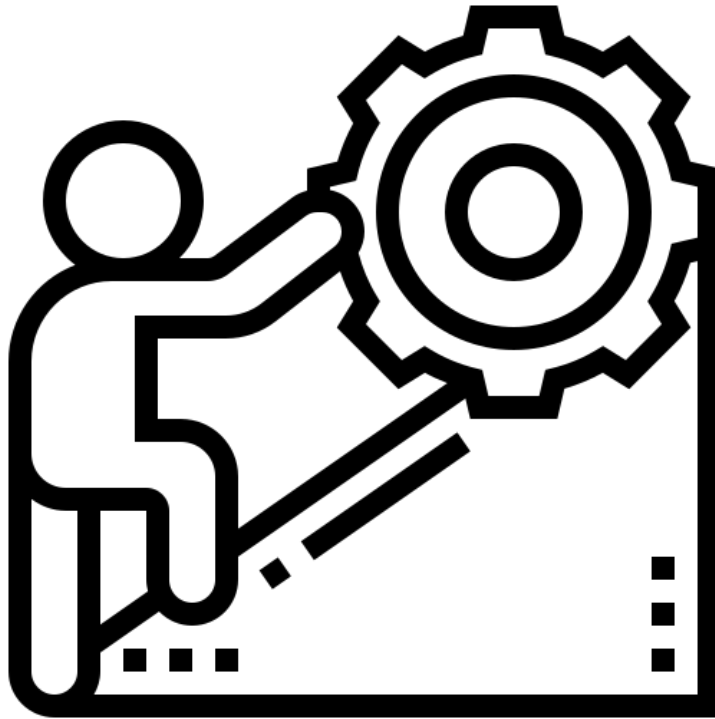
HAN UNIVERSITY
OF APPLIED SCIENCES

Malnutrition in 2023

- Chen Cohen (2019),
- Haifa Museum of Art



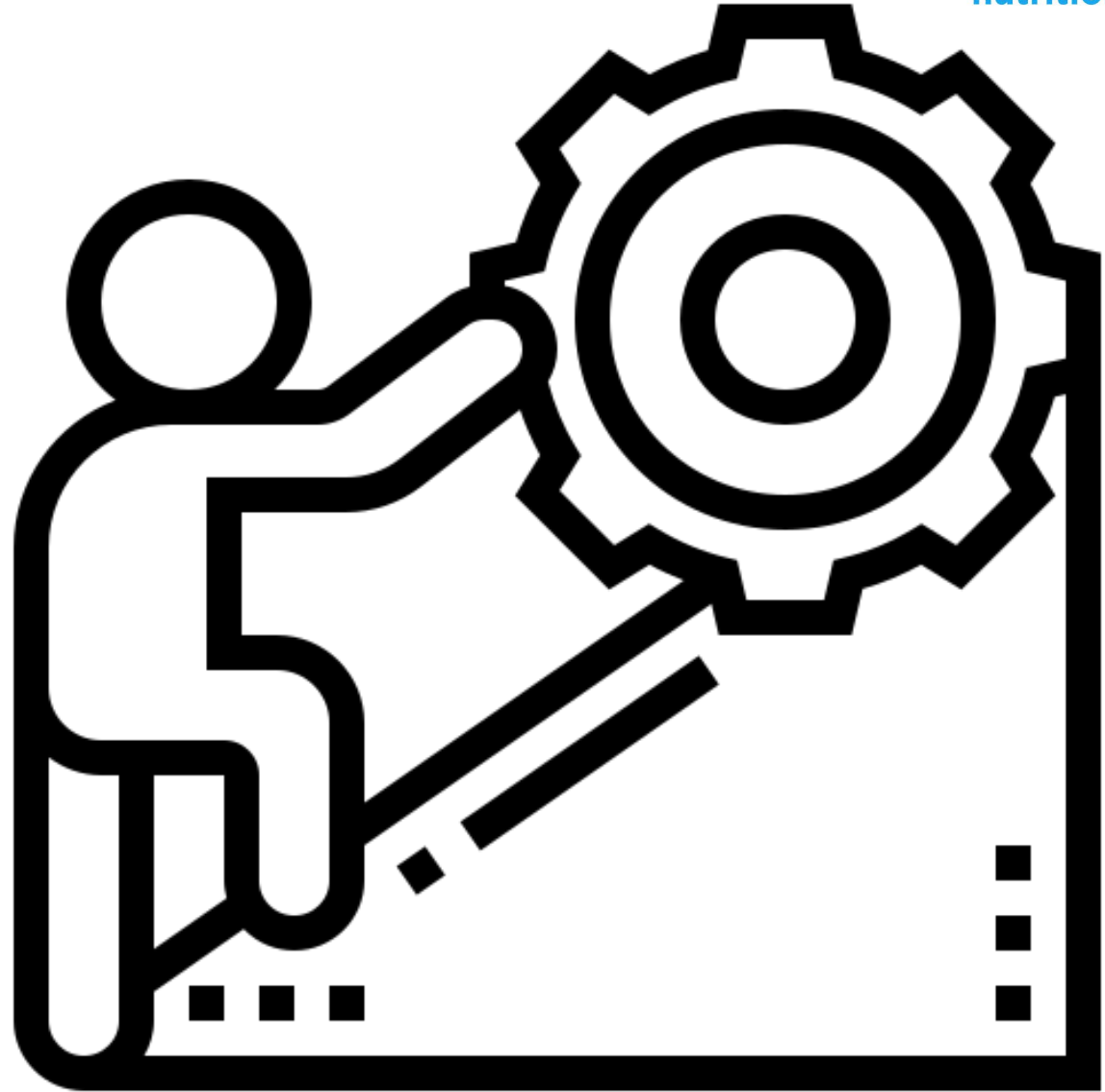
Challenges



Opportunities

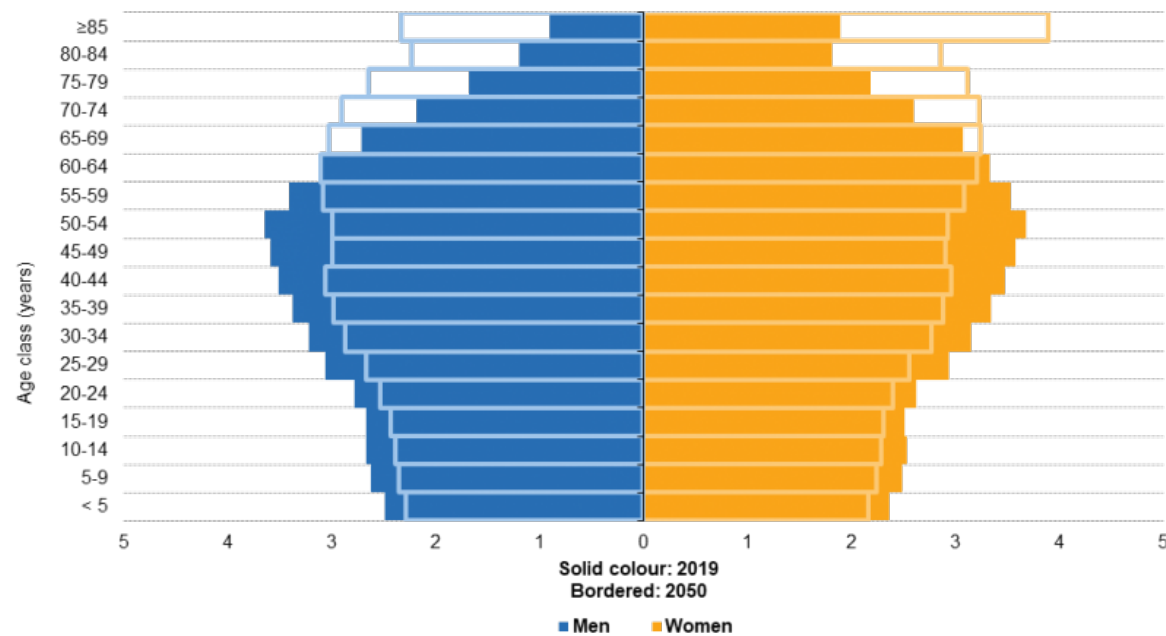


Challenges



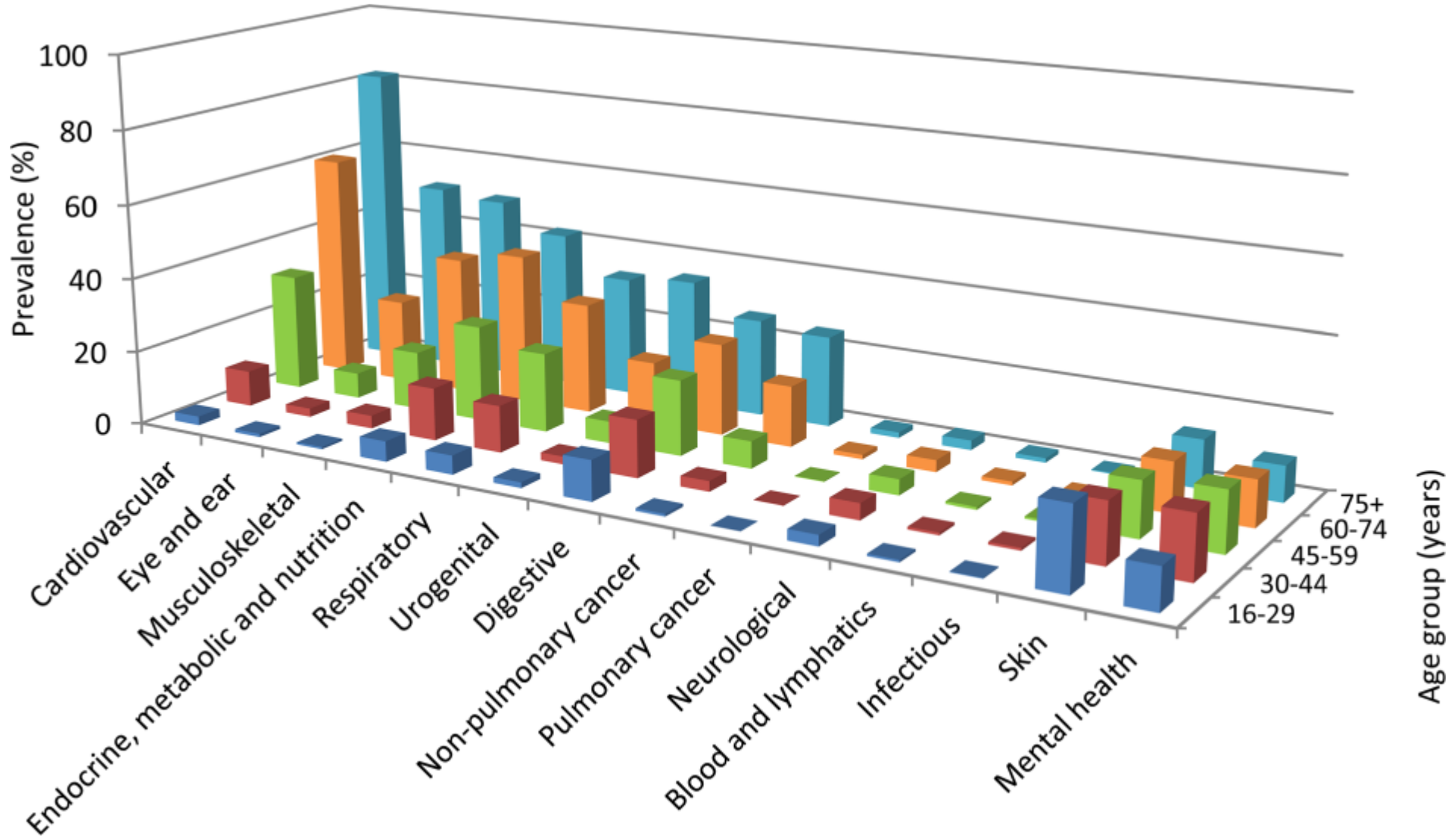
The ageing society

Population pyramids, EU-27, 2019 and 2050
(% share of total population)



Note: all data as of 1 January. 2019: estimates and provisional. 2050: population according to the 2019 projections, baseline variant (EUROPOP2019).

Source: Eurostat (online data codes: demo_pjangroup and proj_19np)

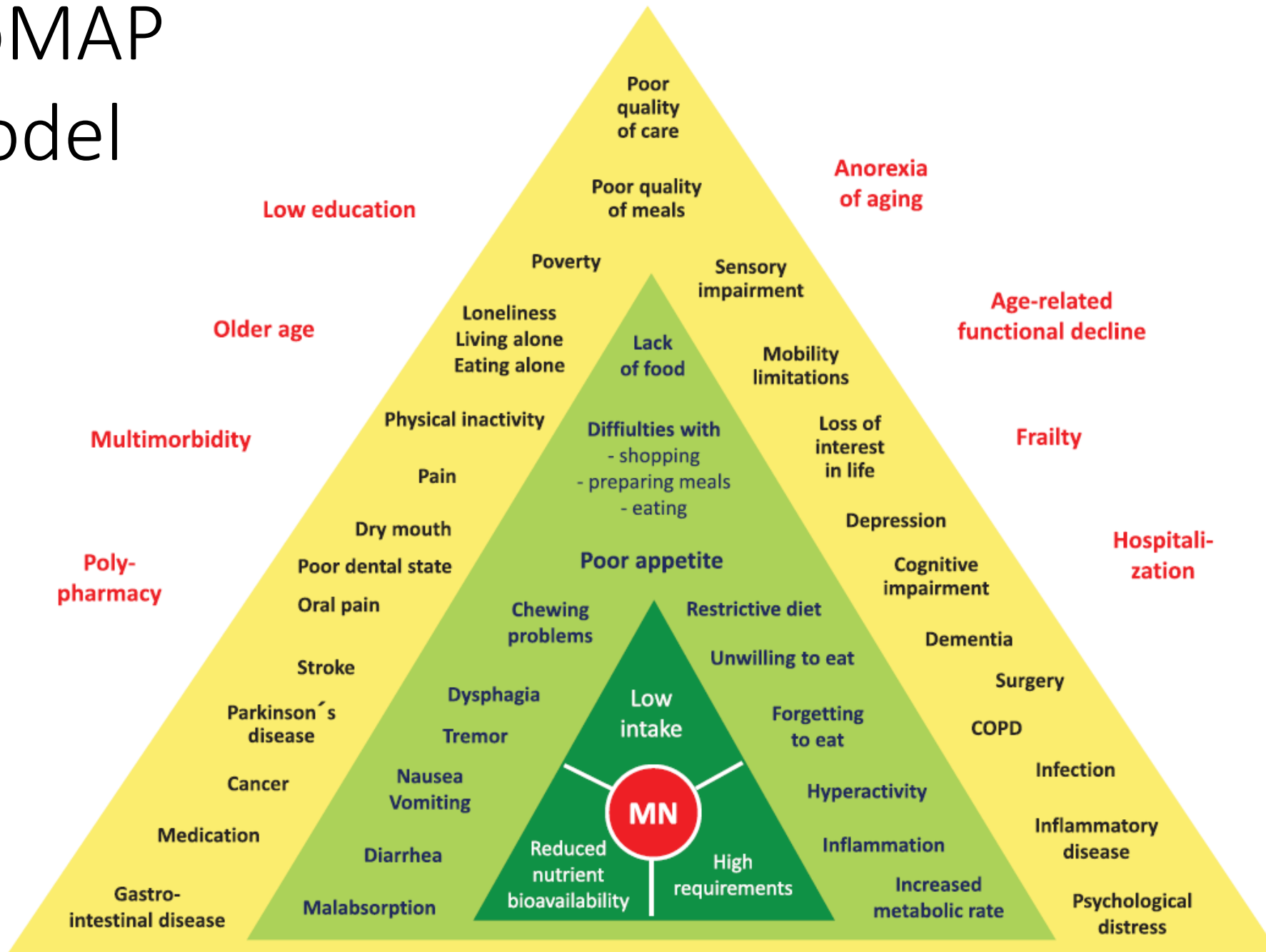


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The European example, ~500 million inhabitants

	Community - dwelling	Institutionalized
	470 million (90-95%)	35 million (5-10%)
> 65y	90 million	6 million
Prevalence of malnutrition, % of older population	5-10 %	40 %
Number of malnourished older adults	4.5 - 8million	2.4 million

DoMAP model



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- ✓ Shorter hospital stays
- ✓ Human capital agenda
- ✓ More (informal) care at home (welfare)
- ✓ More allied health and interprofessional care
- ✓ Larger role for social care team
- ✓ More responsibility for the patient/client him/herself
- ✓ Positive Health

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Are transfers well organised?

Staff shortage: how to create efficiency?

Carers and informal network: workload?

Substitution. Not yet organised?

No knowledge on nutrition

Difficult for patients

Difficult for patients

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Some eHealth challenges

INTEROPERABLE
PLATFORMS

VALIDITY OF
APPS

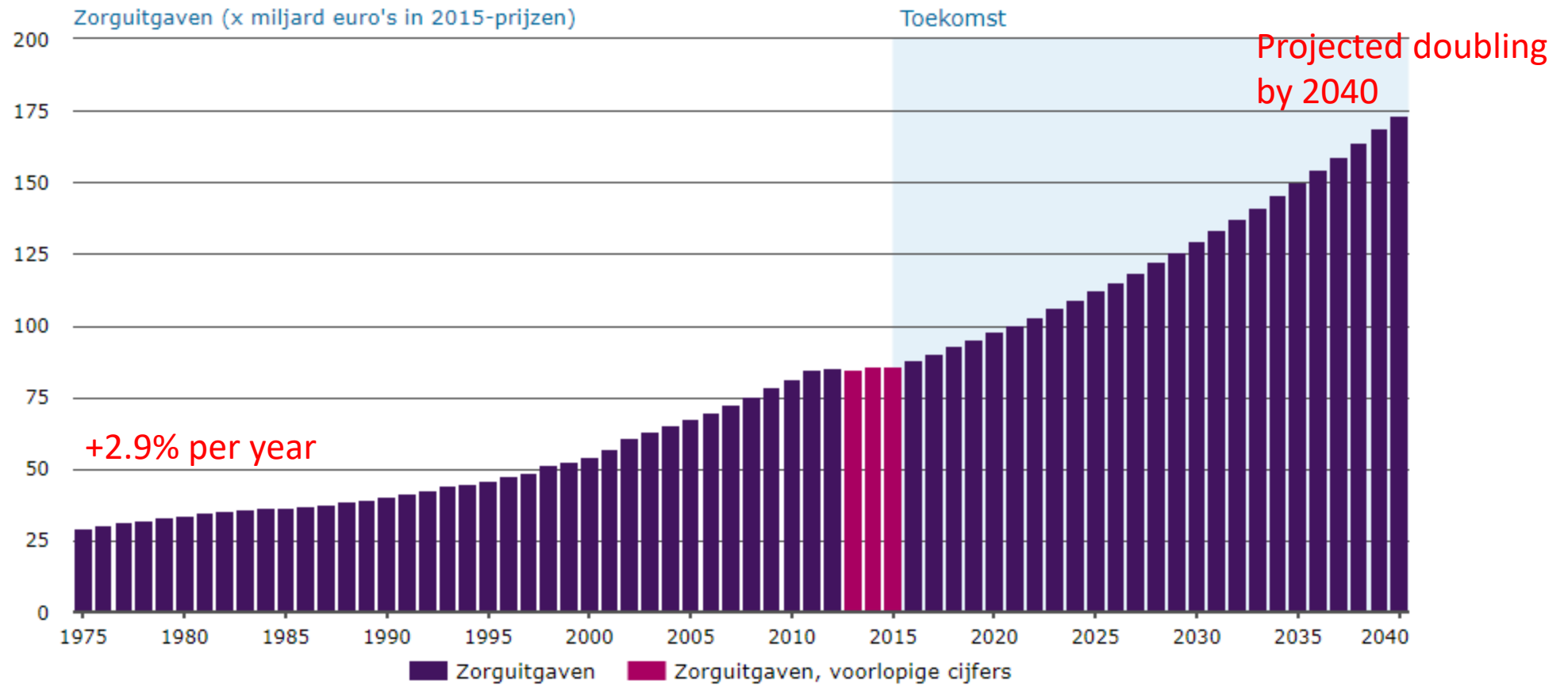
WILLINGNESS
OF
PARTICIPANTS

GENERAL DATA
PROTECTION
REGULATION

EHEALTH
LITERACY



De zorguitgaven verdubbelen tot 174 miljard euro in 2040

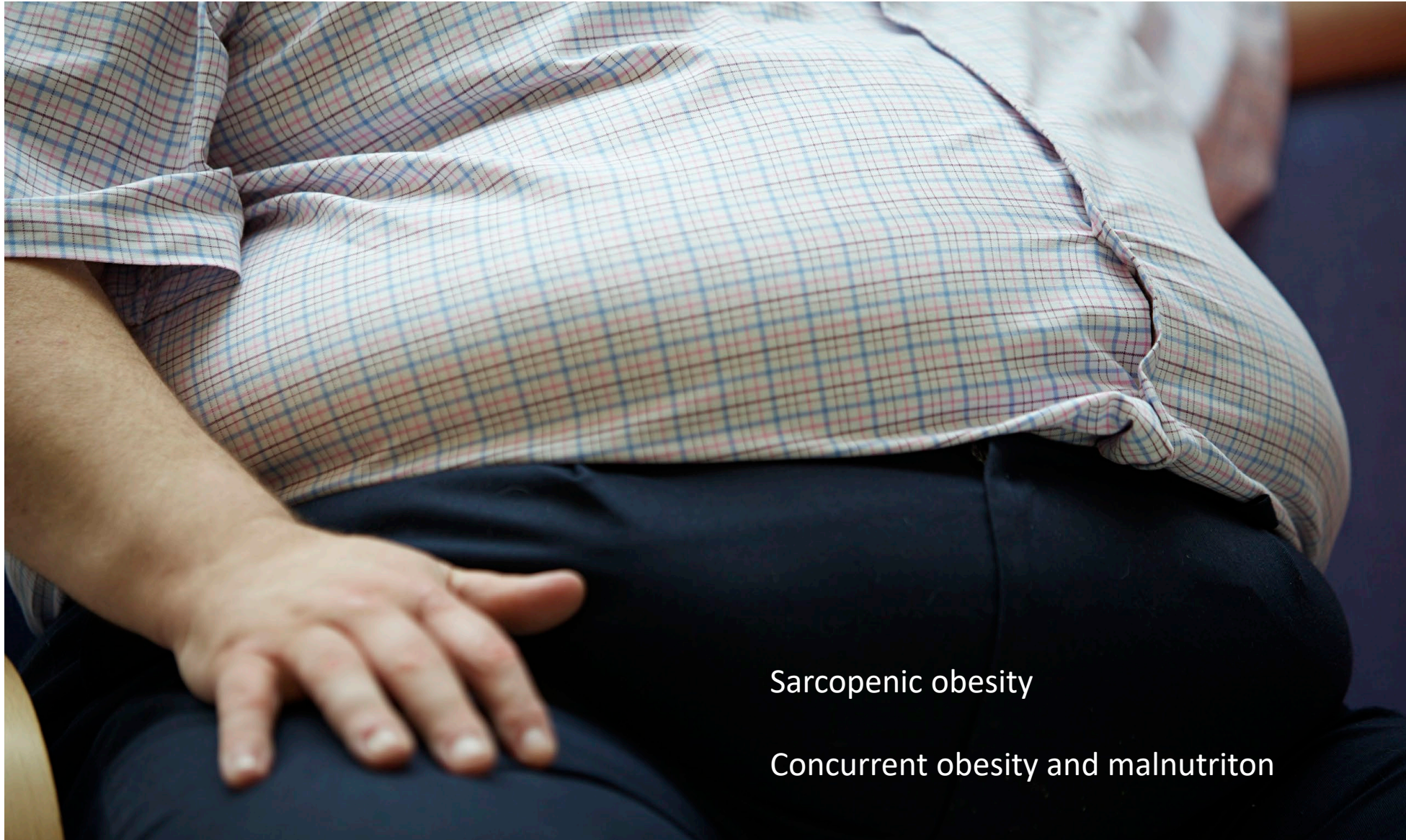


Bron: CBS, RIVM



Rise in health care costs

- Ageing
 - Medical technology
 - Population growth
 - Specifically for cancer: technological improvements
-
- More older adults
 - More health care costs spent on women
 - Costs for cancer treatment increasing fastest of all diseases



Sarcopenic obesity

Concurrent obesity and malnutrition

Opportunities



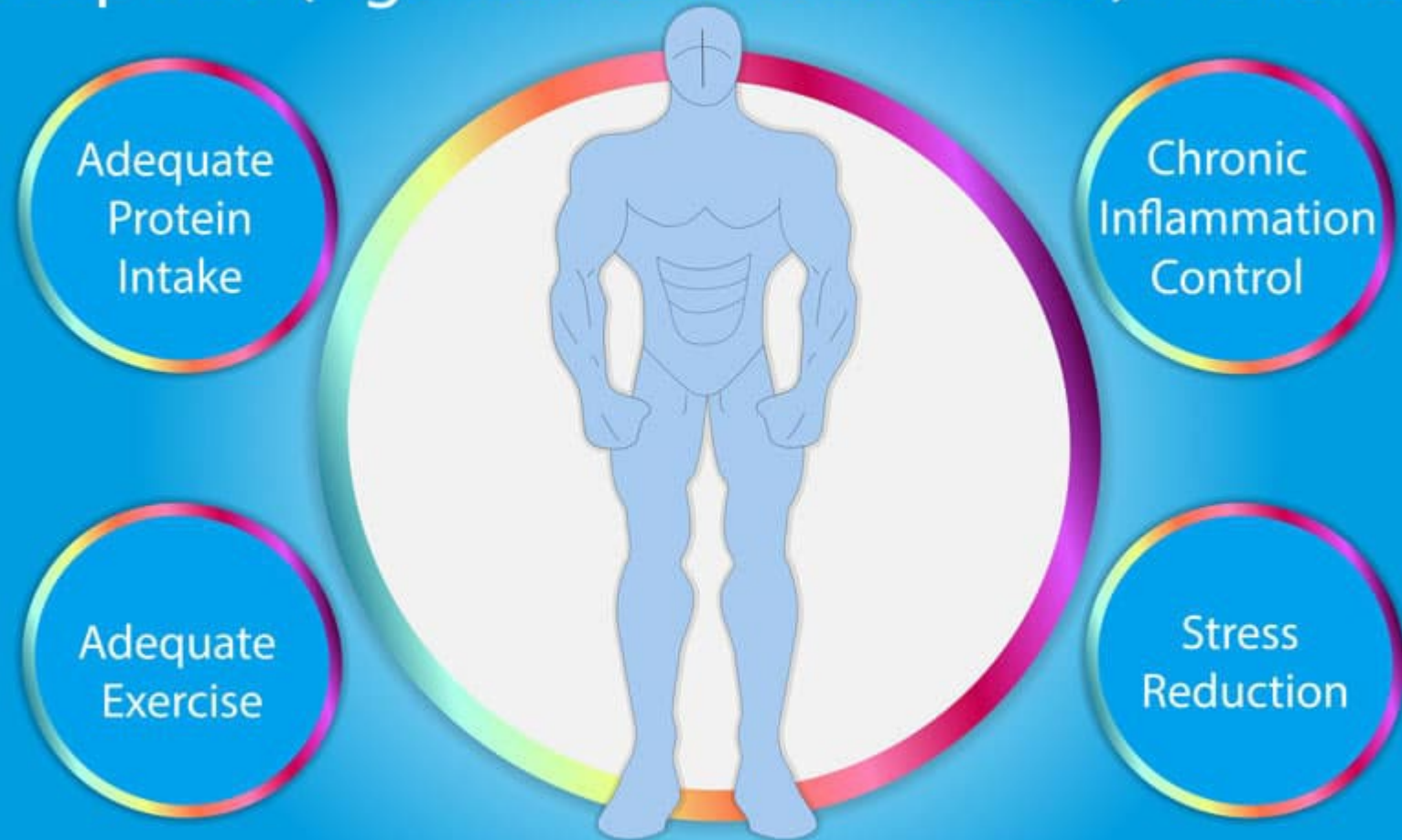
GLIM

KEY POINTS

- Since the launch of the Global Leadership Initiative on Malnutrition early 2019, more than 300 articles on GLIM are found by PubMed, out of which more than 200 are clinical studies evaluating validity or feasibility of GLIM.
- This overview reports 40 recent articles (August 2021–August 2022) on validity and feasibility of the GLIM concept in noncancer populations aged more than 60 years. Simultaneously, 40 and 20 articles from populations either with cancer or less than 60 years of age were published.
- Criterion validity, mainly assessed by comparison with semi-gold standards, such as Subjective Global Assessment (SGA), Mini Nutritional Assessment (MNA) or patient generated (PG)-SGA, is good to moderate. Predictive validity is similar or better than for other nutritional screening or diagnostic instruments.
- Validity of GLIM is good, and continuous implementation in older populations for diagnosing malnutrition is justified.

After GLIM comes GLIS

Sarcopenia (Age Related Muscle Loss) Prevention



Lifestyle as medicine



Nutrition



Exercise



Cardiovascular health



Brain training



Stress reduction



Social interaction



Sleep

Policy

WHO acceleration plan to stop obesity

WHO: ICD-11 code on malnutrition

Missions for health in the Netherlands:

- By 2040 all Dutch citizens live 5 year longer in good health
- By 2040 lifestyle related diseases have decreased with 30%
- By 2020 every 50% Dutch citizens will be given care in their

IZA document on healthy living and prevention

- Affordable and accessible care
- In the home situation when possible
- Increased role for digital support

...ease will participate in society

GALA policy on prevention at a regional level

- Stimulating regional networks
- Collaboration between health and social domains

...laboration
...ease

