

The future of nutritional care

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PAST

FUTURE

Proactive and early treatment of risk of malnutrition, rather than late treatment of malnutrition

Interprofessional nutritional care

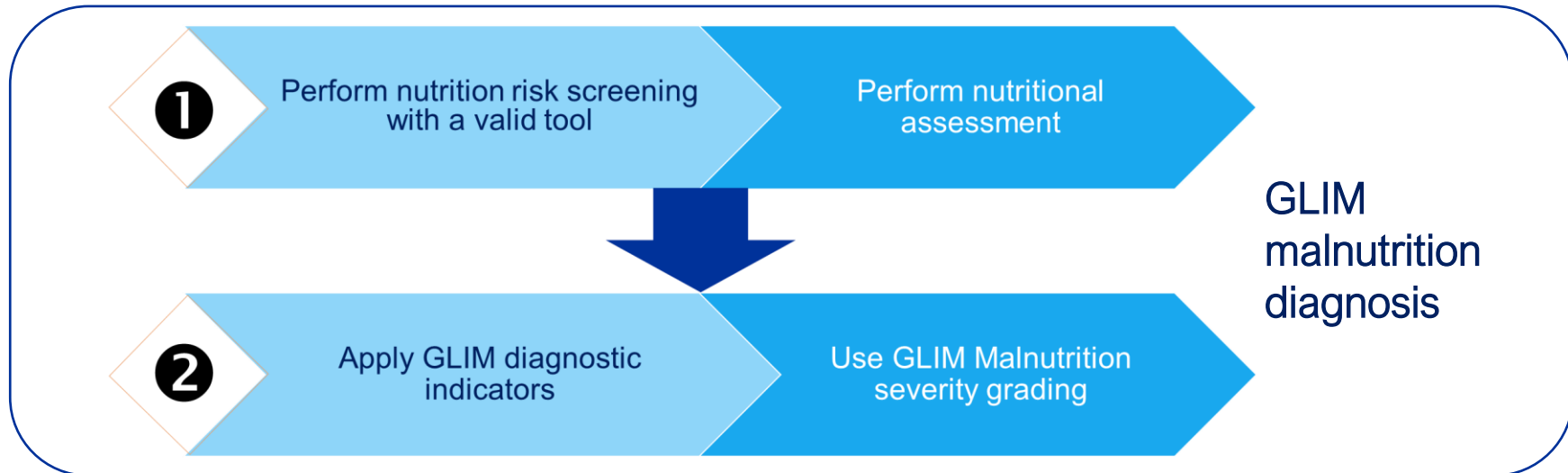
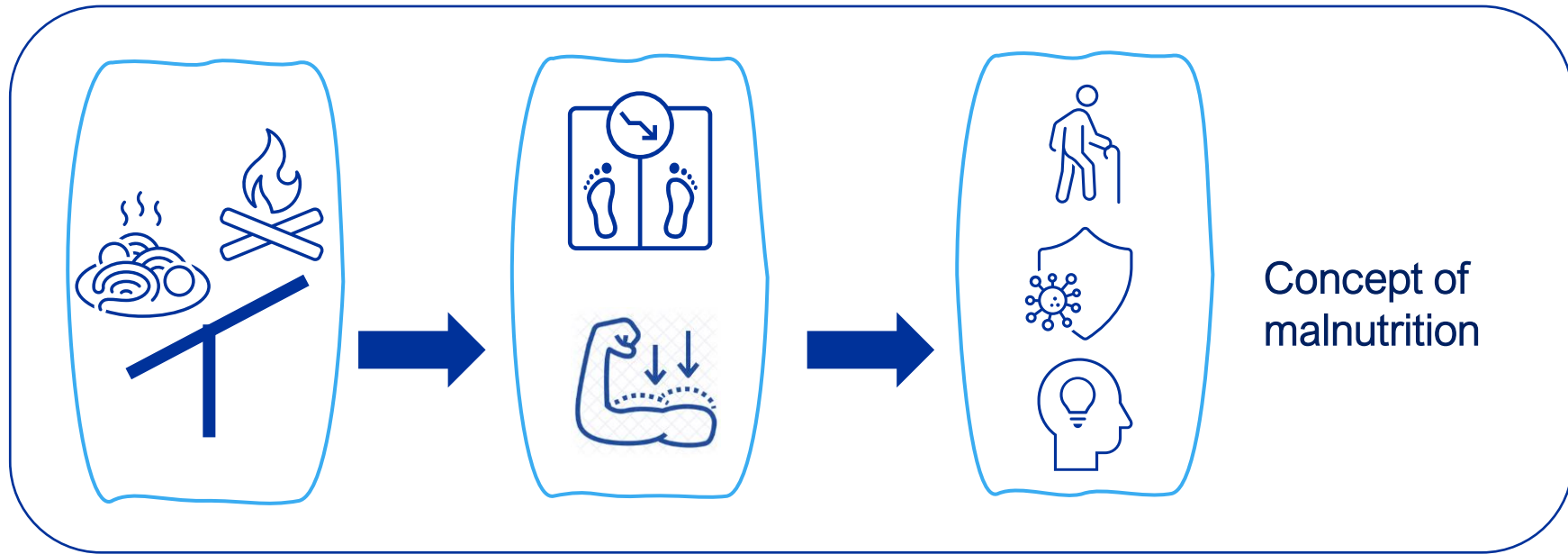


Malnutrition policies: where are we?

- Malnutrition screening on hospital admission implemented in routine care
- Accessibility to medical nutrition
 - ONS and PN in home care setting



Global consensus on definition and diagnosis of malnutrition



Malnutrition policies: where are we?

- Many screening tools available



BUT.....

- Not clearly defined what construct they assess
- Focus is on identifying 'already malnourished patient'



Current practice =
late identification and treatment of malnutrition

Screening instrument	Phenotypic criteria			Etiologic criteria			Risk factors
	Weight change	Low BMI	Body composition	Food/ fluid intake	GI symptoms	Disease burden and inflammation	
DETERMINE	X			X		X	6
GNRI	X				X	X	1
MNA-SF	X	X	X	X	X	X	5
MST	X			X			1
MUST	X	X		X		X	1
NRI	X	X				X	2
NRS	X	X		X	X	X	3
NRS 2002	X	X		X		X	2
NUFFE	X			X	X	X	7
PG-SGA SF	X			X	X		10
SCREEN II	X			X			6
SNAQ	X						2
SNAQ ^{RC}	X	X					1
SNAQ ⁶⁵⁺	X		X				3
SNAQ (appetite)							3

Different instruments identify different individuals

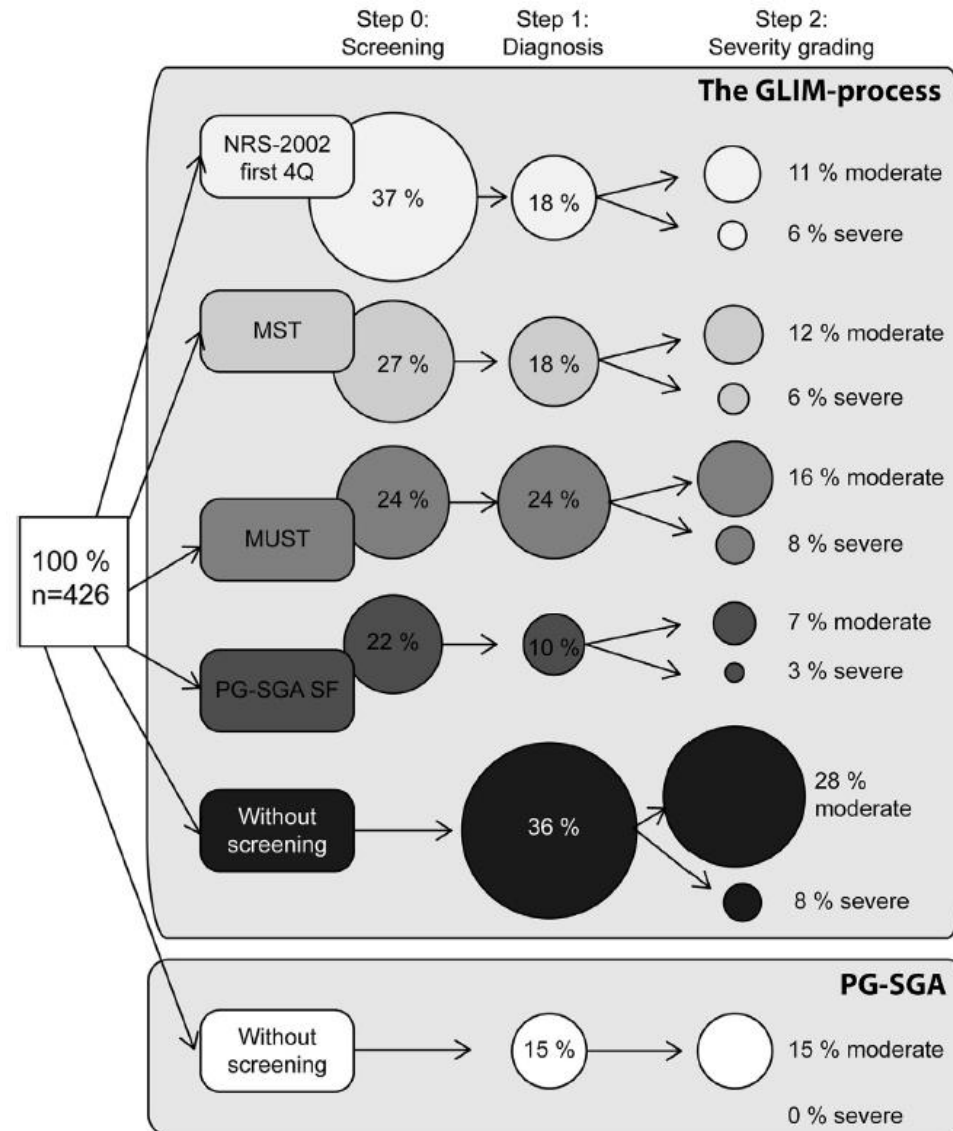
		MUST			
		Low risk (score 0)	Medium risk (score 1)	High risk (score ≥ 2)	Total
PG-SGA Short Form	Low risk (score 0-3)	229	15	4	248
	Medium risk (score 4-8)	83	8	11	102
	High risk (score ≥ 9)	51	12	17	80
	Total	363	35	32	430

37%

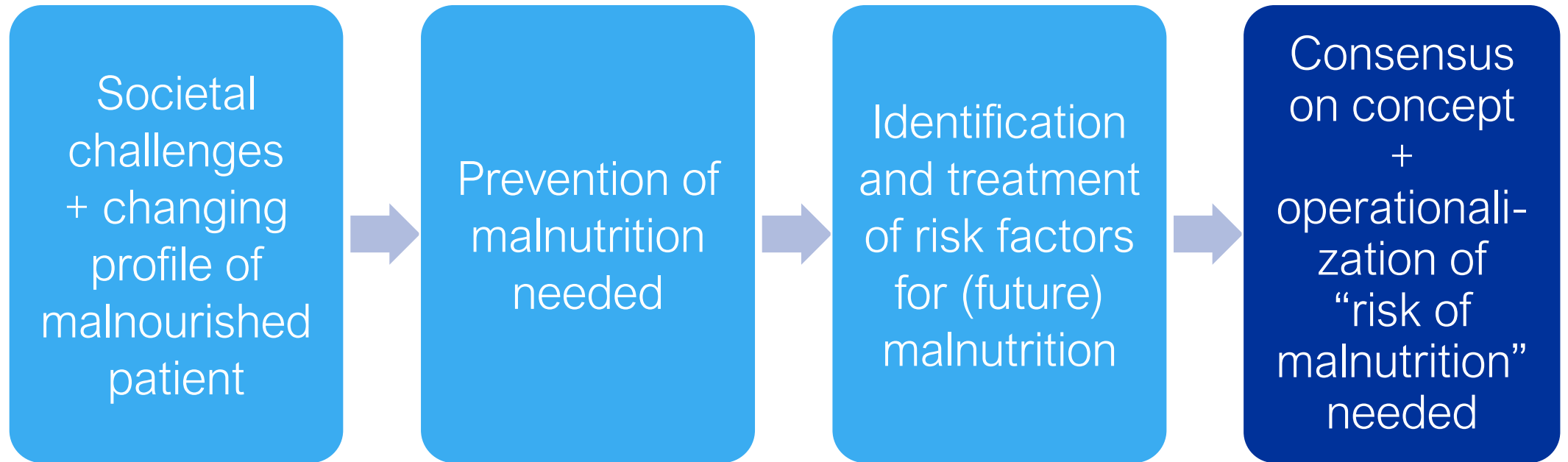
Choice of instrument impacts relation with length of stay

	Risk of malnutrition category	Length of stay (days)	P-value
SNAQ	Low risk (n=330)	4.10	0.891
	Medium risk (n=26)	4.02	
	High risk (n=77)	4.55	
PG-SGA Short Form	Low risk (n=184)	3.90	0.087
	Medium risk (n=132)	4.52	
	High risk (n=127)	5.30	

Choice of instrument impacts GLIM diagnosis



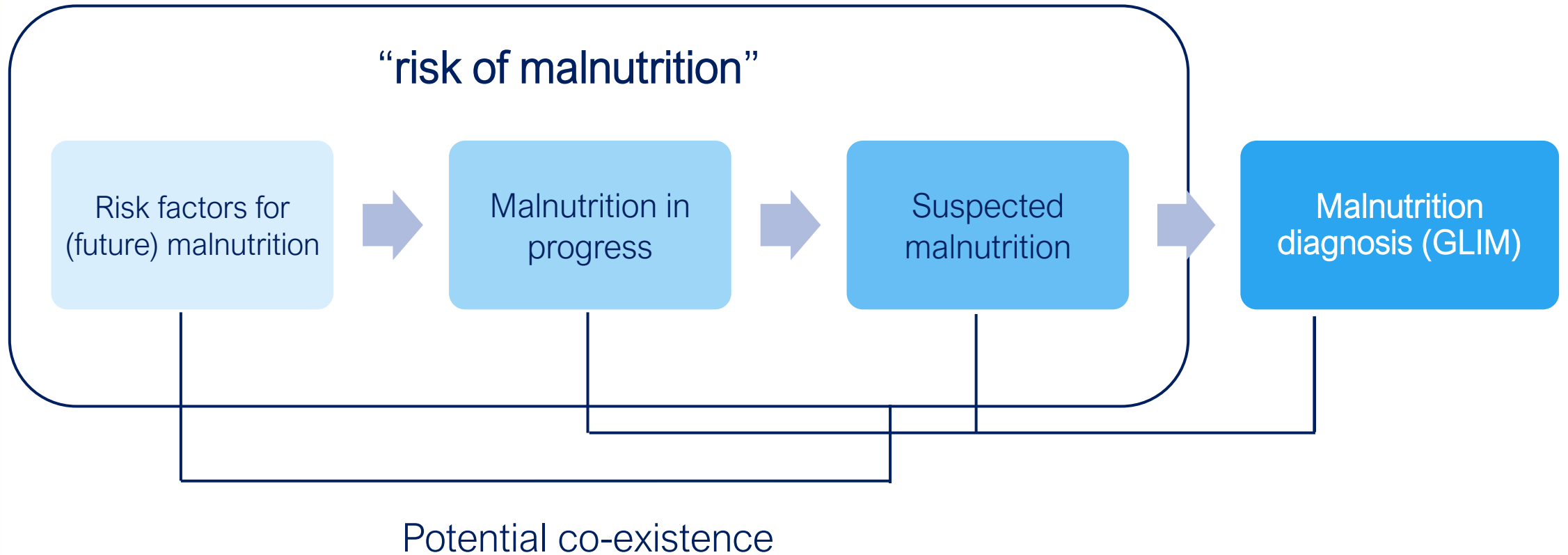
New insights in a new era



'Risk of malnutrition' = umbrella term

GLIM step 1

GLIM step 2



GLIM-Project 'Risk of malnutrition'



Aims of project

Delphi study 1

2023

- To conceptually define construct “risk of malnutrition”
= *What do we mean with “risk of malnutrition”?*

Delphi study 2

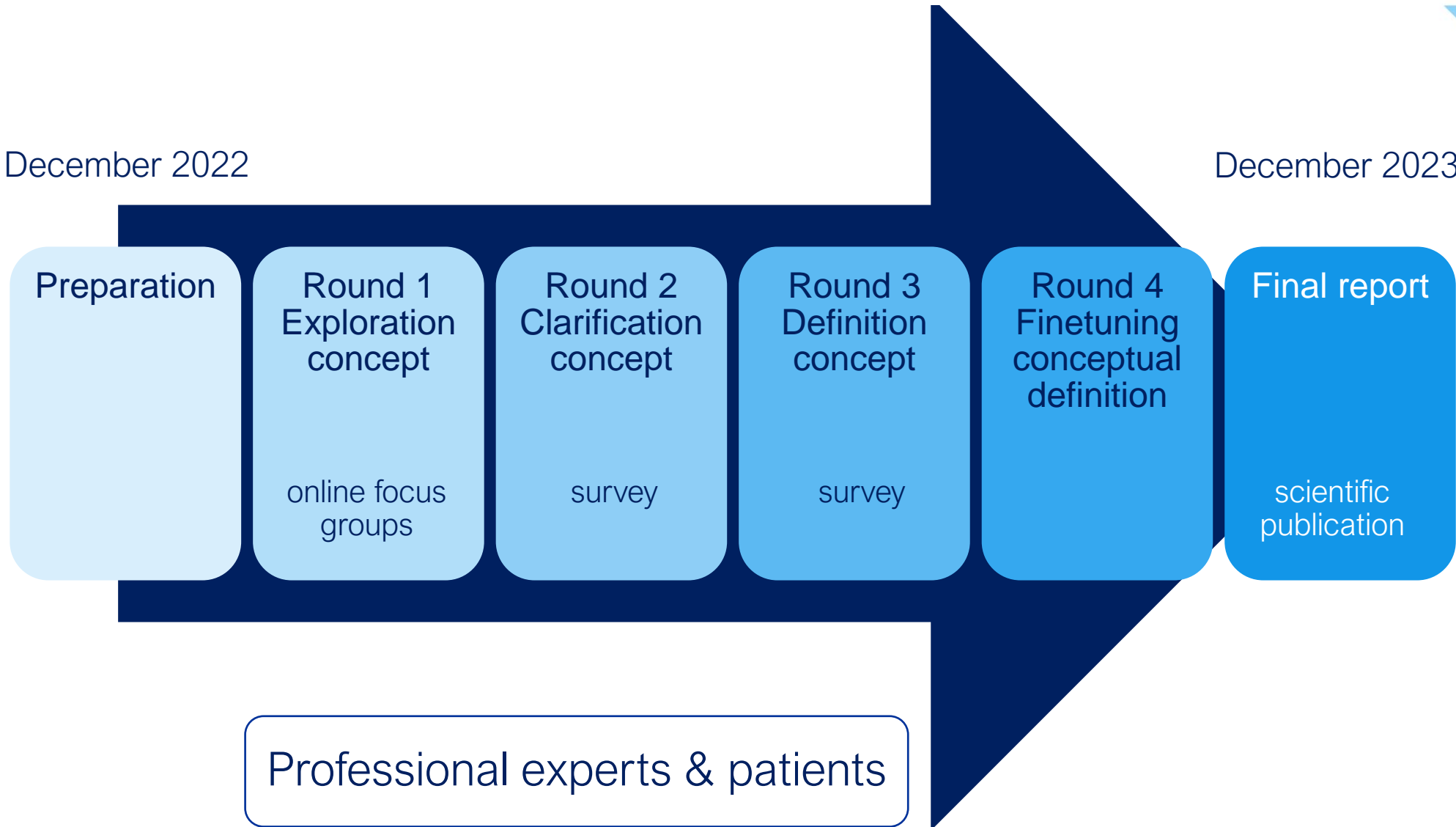
2024

- To operationalize construct “risk of malnutrition”
- To define goals of screening
- To give recommendations for screening tool(s)
= *How should “risk of malnutrition” be determined?*

Planning Delphi 1 – Conceptualization

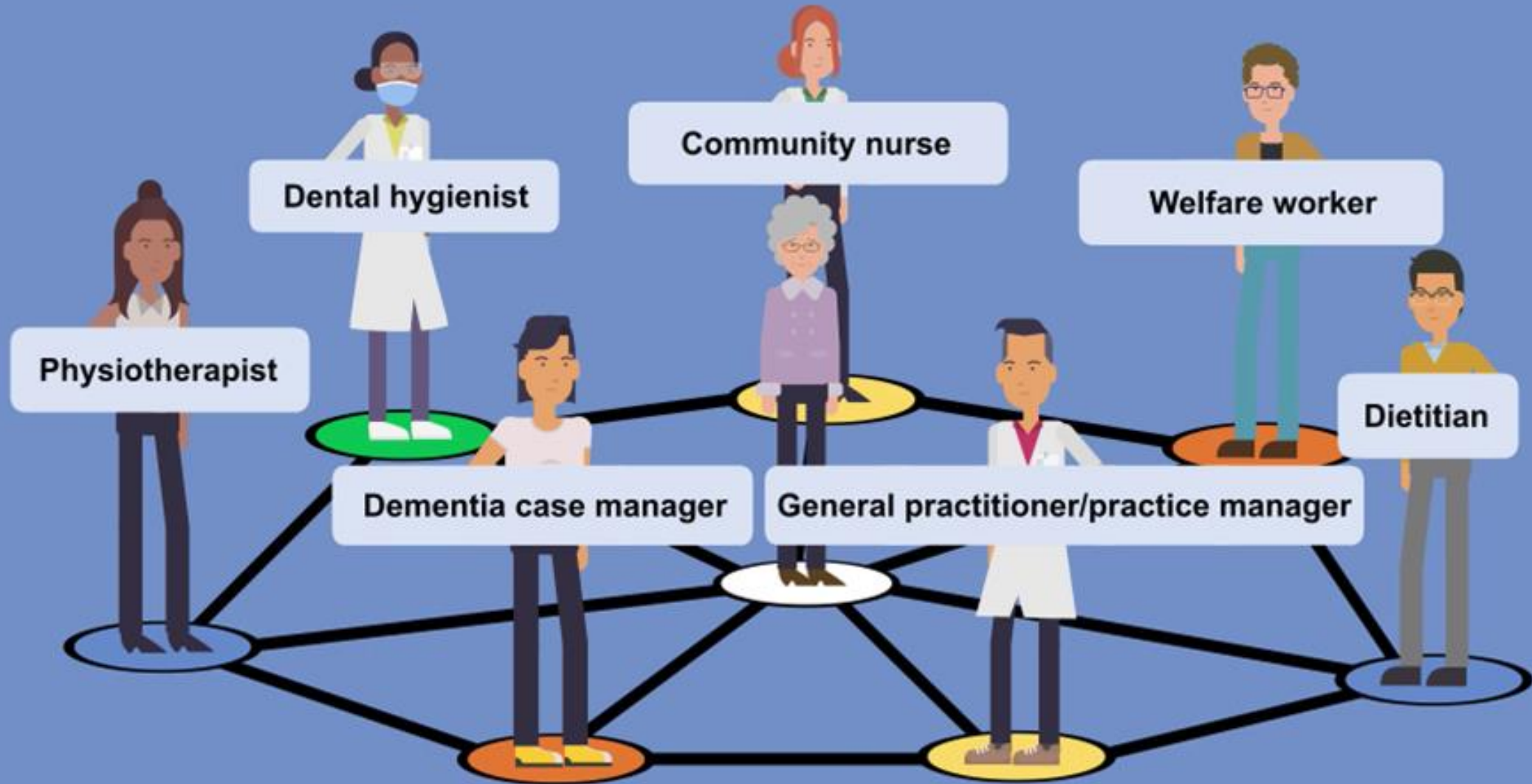
December 2022

December 2023

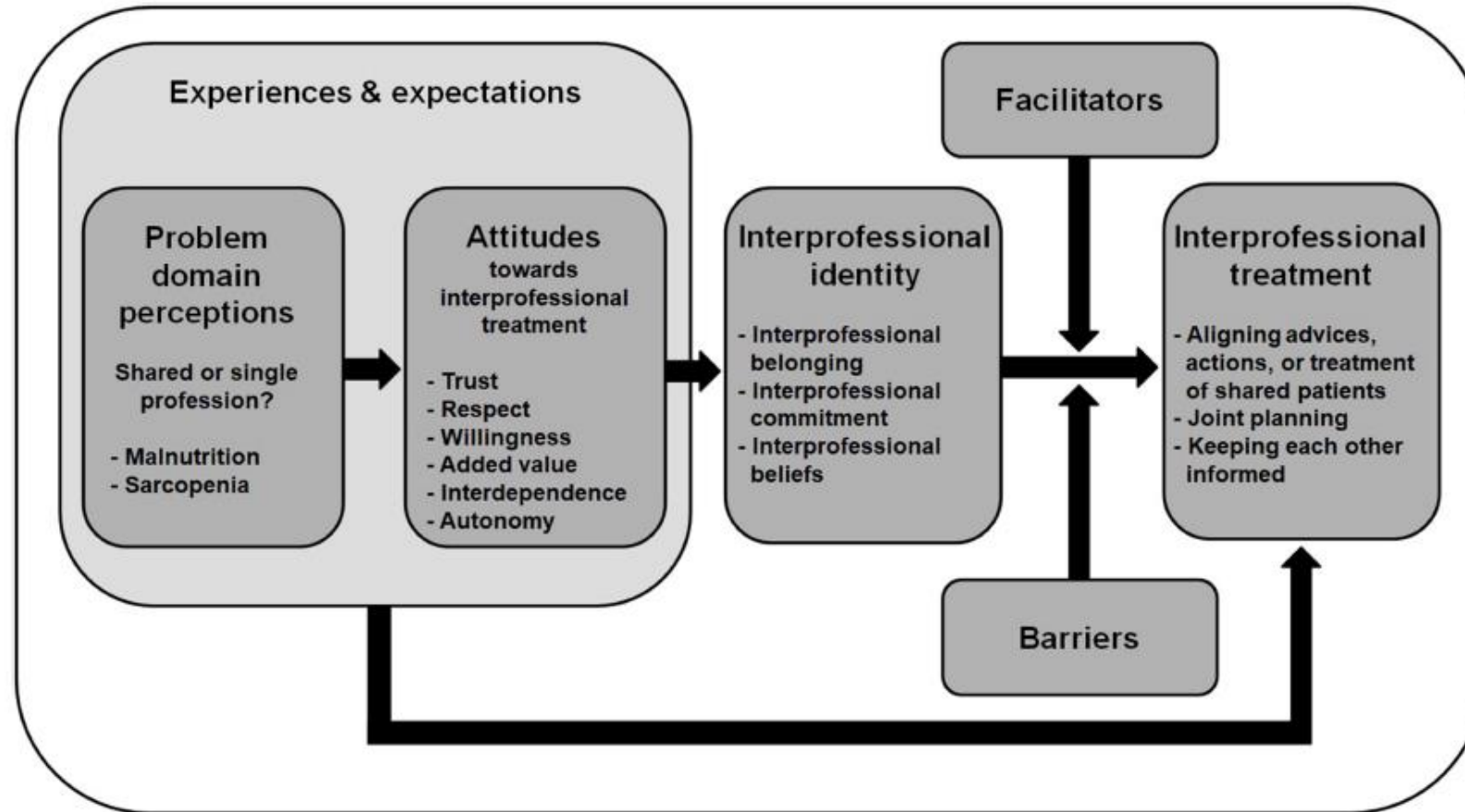


Professional experts & patients

Interprofessional collaboration

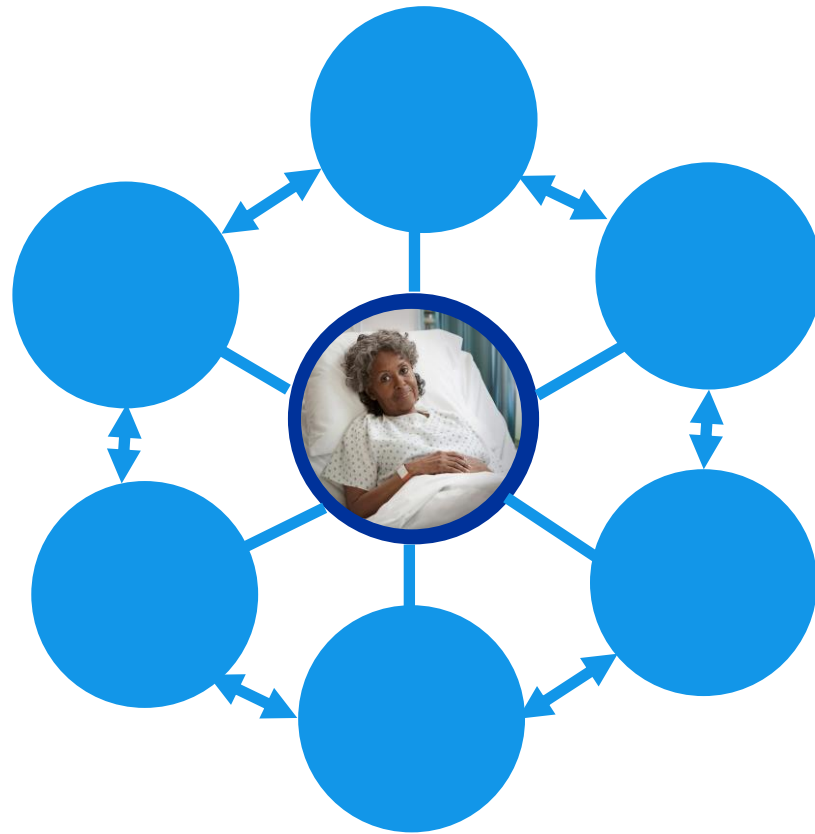


Why is an interprofessional approach 'the future'?



Malnutrition
= shared problem domain of different professionals

Multidisciplinary vs. interprofessional



Multidisciplinary
= separate outcomes



Interprofessional
= joint outcomes

Six factors important for interprofessional treatment of malnutrition



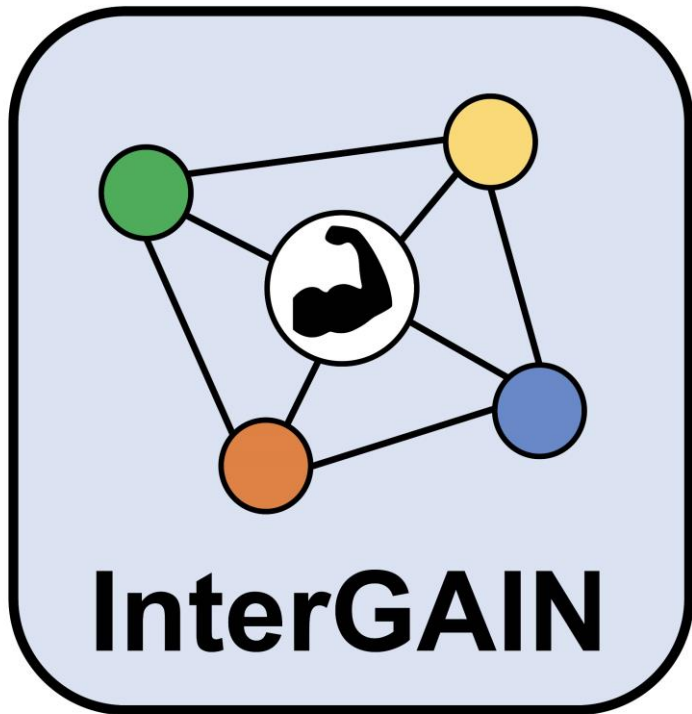
Dietitians and physiotherapists mostly positive about interprofessional collaboration

Type of attitude Dietitians	Attitudes towards interprofessional collaboration			
	Positive		Negative	
	Dietitians (n=48)	Physiotherapists (n=53)	Dietitians (n=48)	Physiotherapists (n=53)
	N (%)	N (%)	N (%)	N (%)
1. Trust in expertise of other	41 (85)	48 (91)	2 (4)	1 (2)
2. Respect for the other	43 (90)	49 (93)	1 (2)	0 (0)
3. Willingness to collaborate interprofessionally	35 (73)	46 (87)	4 (8)	2 (4)
4. Perceived added value of interprofessional collaboration	44 (92)	47 (89)	1 (2)	0 (0)
5. Perceived interdependence	5 (10)	5 (9)	13 (27)	17 (32)
6. Perceived autonomy	26 (54)	23 (43)	2 (4)	3 (6)

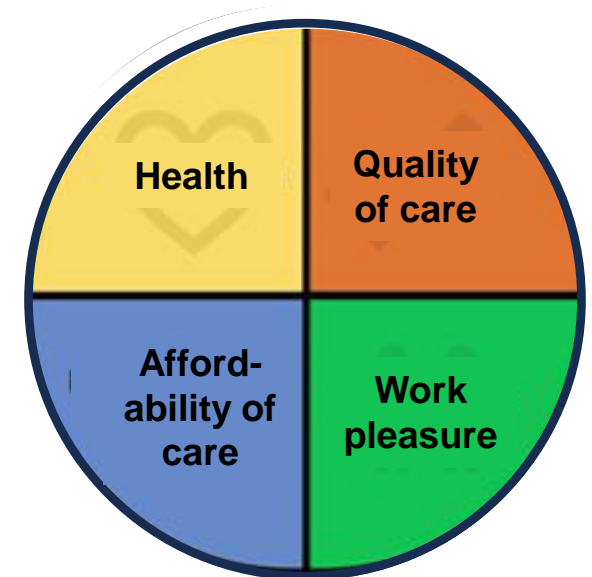
Why is an interprofessional approach the future?

Profession	Interprofessional identity		Dimensions of interprofessional identity					
			Interprofessional belonging		Interprofessional commitment		Interprofessional beliefs	
	Median	P value	Median	P value	Median	P value	Median	P value
Dietitians	4.0	P=0.007	4.0	P<0.001	4.0	P<0.001	4.0	n.s.
Physiotherapists	4.3		4.8		4.3		4.0	

From future to reality



- Design of interprofessional identification and treatment of malnutrition and sarcopenia in community dwelling older adults
- Evaluation in relation to Quadruple Aim outcomes

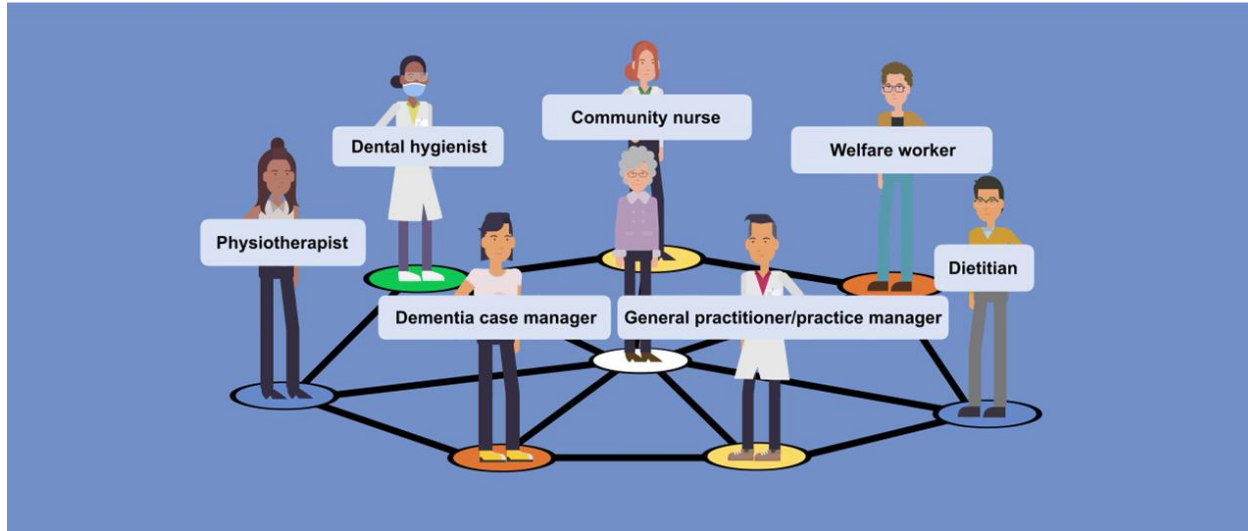


From future to reality

optimal
nutritional care
for all



Interprofessional approach to (risk of) malnutrition and sarcopenia in community dwelling older adults



<https://youtu.be/1Lb-InvKdYc>

CONTINUITY OF NUTRITION CARE
THE POWER OF CONCERTED EFFORTS AGAINST MALNUTRITION



FUTURE

- Nutritional care aims to proactively identify and treat **risk of malnutrition**
- Nutritional care is **interprofessional**
 - To benefit the patient, professionals, and society!

Thank you!



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