



International Conference

optimal  
nutritional care  
for all

# MALNUTRITION: FROM AWARENESS TOWARDS CONTROL

A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024



# Celebrating Triumphs: Acknowledging the Impact of Community Dietitians in Italy

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*Scientific Association for Food, Nutrition and Dietetics (ASAND)*

A special thanks to **Chiara Perrone**, member of ASAND Study Group

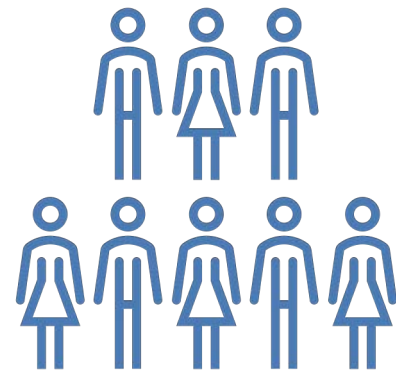
Artificial Nutrition and EFAD ESDN primary care





On 21st October 2022, in Budapest, all the Dietitians Associations members of EFAD signed the Budapest Resolution, on the role of the Dietitian in supporting the right of every European citizen to safe and appropriate nutritional assistance





Urges that every European citizen have access to nutritional care



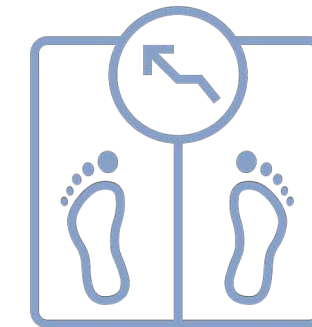
“EFAD Budapest Resolution”

Encourages integration of nutritional care into public health policies based on human rights, equity and economic benefits

Strongly recommends that dietetic care be integrated as an essential part of nutritional care to ensure we leave no-one behind



Emphasizes nutritional care’s importance as an integrated part of policies and interventions to address critical or chronic health conditions



Calls for allocation of resources to ensure optimal dietetic service coverage within each country’s existing healthcare system



Further recommends collaboratively working with dietitians within and outside the healthcare system to achieve effective, equitable and sustainable changes in food systems and the environment.



**Primary care is a key process in a health system that provides promotive, protective, preventive, curative, rehabilitative, and palliative services throughout the life course.**



## Key facts

- **Approximately half the world's population currently lacks access to essential health care.**
- **Ageing, population growth, and a rising burden of noncommunicable diseases are driving the transformation of primary care.**
- **Primary care has been shown to meet most of a person's health needs throughout their life.**



## Box 2. Role of primary health care in promotive, preventive, curative and rehabilitative interventions for better nutrition

- Provide advice on healthy diets and appropriate nutrition, as well as other lifestyle factors (e.g. physical activity, sedentary behaviour, alcohol and tobacco use).
- Carry out growth assessment, counselling and referral.
- Provide treatment for malnutrition-related disorders, including wasting and stunting.
- Administer micronutrient supplements, including vitamin A and zinc, when appropriate.
- Conduct early identification of obesity in citizens, particularly children.
- Counsel patients with obesity on weight loss or refer to specialist care, consistent with evidence-based national clinical guidelines and the local context.
- Provide pre-conception, antenatal and postpartum nutrition guidance and support for healthy pregnancy, including iron and folic acid supplements.
- Promote, protect and support breastfeeding; ensure all health-care settings adopt best-practice breastfeeding policies and practices.
- Ensure patients with comorbidities (e.g. tuberculosis and human immunodeficiency virus infection) receive appropriate nutritional advice.
- Identify elderly people with or at risk of malnutrition and provide appropriate preventive and curative care in line with national clinical guidelines.
- Integrate dietary assessments and counselling in the educational curricula for primary health-care professionals.

**Primary care could play a major role to manage nutritional care in outpatients and communities with early identification of malnutrition risk, treatment for malnutrition related disorders and preventive and curative care in line with the clinical guidelines.**



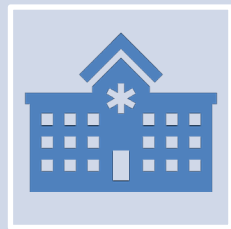
Sources: World Health Organization (WHO), 2019.<sup>24</sup> United Nations Children's Fund (UNICEF), 2005.<sup>53</sup> WHO, 2017.<sup>54</sup> WHO, 2018.<sup>55</sup> WHO, 2018.<sup>56</sup> Moore et al., 2000.<sup>57</sup> UNICEF, 2019.<sup>58</sup> Wadden et al., 2018.<sup>59</sup> Brown et al., 2019.<sup>60</sup>

*Bull World Health Organ* 2020;98:886–893 | doi: <http://dx.doi.org/10.2471/BLT.20.251413>

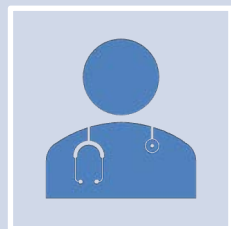


## Editorial

# Clinical nutrition in primary care: ESPEN position paper



Primary care healthcare professionals (PCHPs) play a key role in the management of people with chronic and post-acute disease in the outpatient setting. Potential opportunities for implementation of health promotion and disease prevention strategies through nutrition and favourable lifestyle changes are also a unique feature of primary care



PCHPs are also a key component of a potential network for prevention and treatment of nutrition-related diseases and derangements, with particular regard to disease related malnutrition in all at-risk patients and conditions, including older adults and those living with NCDs or following acute disease and hospitalizations

*Clinical Nutrition 43 (2024) 1678–1683*



Editorial

# Clinical nutrition in primary care: ESPEN position paper

**Early detection of individuals at risk for malnutrition or already malnourished has huge potential to allow early effective nutritional care, and therefore to improve outcomes in older adults, in persons living with chronic disease conditions and to enhance recovery after acute disease and hospitalization.**

Clinical benefits notably include, but are not limited to, reduced comorbidities and disabilities, reduced hospitalizations and readmissions, reduced disabilities and improved quality of life, with lower costs for healthcare.

ESPEN hereby advocates collaboration with PCHPs organizations in order to:

- 1) promote **awareness** on malnutrition, particularly aging- and disease-related
- 2) promote enhancement of **nutrition skills** in PCHPs including primary care physicians
- 3) promote **availability** and **accessibility** of **dietitians** in the primary care setting
- 4) promote establishment of **multidisciplinary teams** in primary care to allow for post-diagnostic assessment and **initial treatment approaches** when feasible;
- 5) promote establishment of **referral pathways to secondary and tertiary care settings**, including specialized outpatient care or hospitalization when appropriate.

*Clinical Nutrition 43 (2024) 1678–1683*



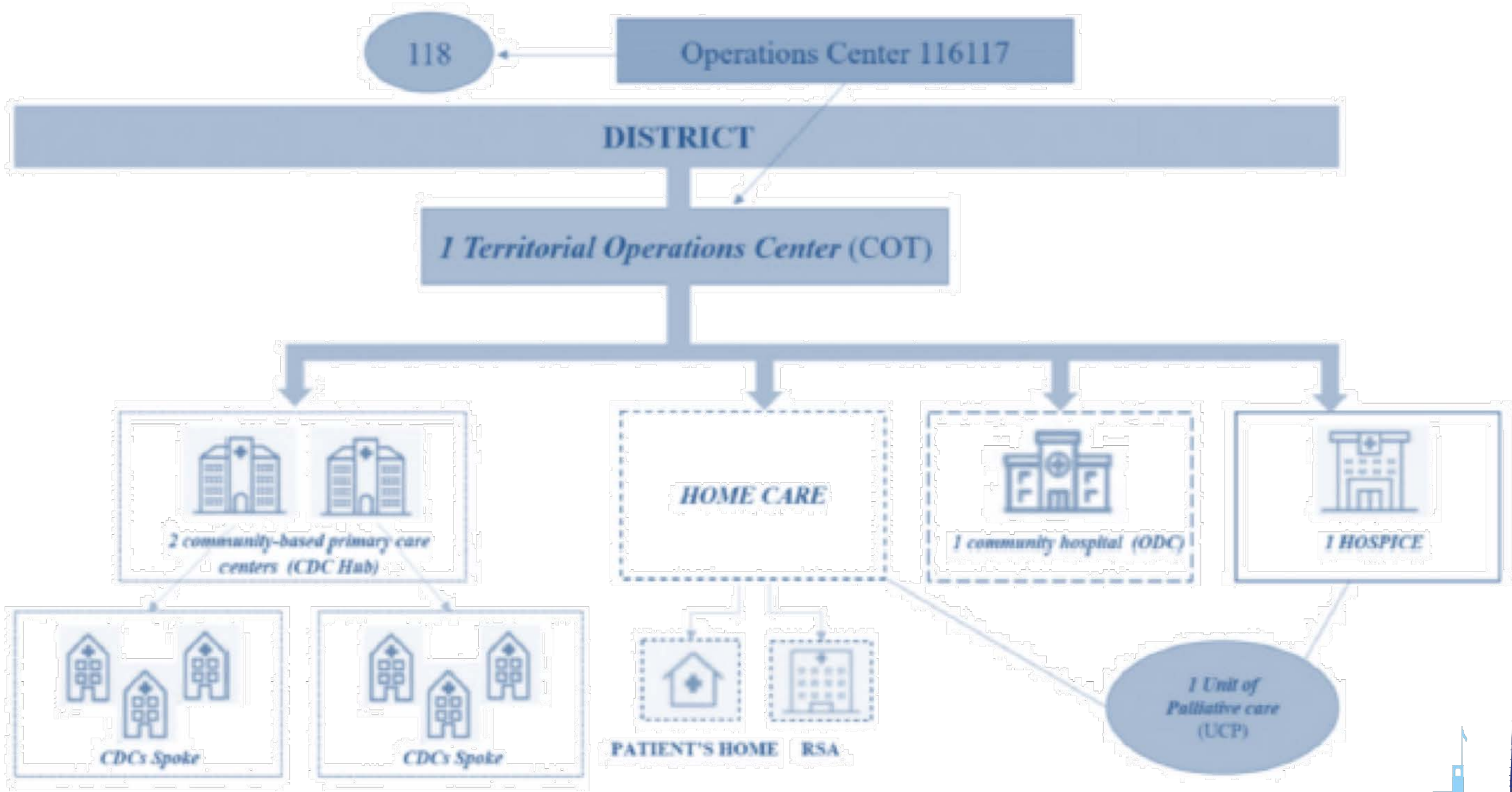


## Reorganizing Italy's Territorial Healthcare: the Ministerial Decree No. 77/2022

- ✓ To uniform PC network in NHS
- ✓ To integrate intervention priority between territorial, hospital and specialist care networks
- ✓ To promote continuity care for chronic diseases and frail or disable patients
- ✓ To promote prevention actions in health, environmental and climate fields
- ✓ To align European quality standards of healthcare



Malnutrition from awareness towards control



## EFAD<sup>1</sup> Role of the Primary Care dietitian

- Dietitians are essential members of PHC teams, delivering effective and cost-efficient nutrition intervention with a focus on promoting health and supporting the prevention and treatment of chronic diseases
- The dietitian in the PHC is one of the main actors that congregates multisectoral activities of the food system.
- Their work in PHC provide a range of services, including nutrition assessment, counselling and education, health promotion and disease prevention strategies, metabolic control and disease treatment, nutrition and food training, patient and professional advocacy and resource development

Malnutrition from awareness towards control





Il Dietista di comunità nell'equipe territoriale tra  
prossimità e proattività:  
il nuovo modello di assistenza dietetico nutrizionale  
sul territorio e a domicilio

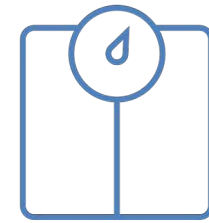
Documento di posizionamento della FNO TSRM e PSTRP  
Commissione di albo nazionale Dietisti

27 aprile 2022



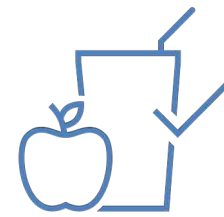
- The Community Dietitian is the health professional of the NHS, with professional experience and/or specific complementary or academic post graduate training (advanced skills)
- The role of the Community Dietitian is **to contribute proactively to the nutritional health, to the creation of a competent community, to the development of innovative and inclusive food policies, in relation to the health and well-being needs expressed by the community**, offering *tailored* dietary-nutritional assistance with a holistic focus (Planetary health) and maximizing the skills and abilities acquired in basic and post graduate training (CME).





Nutritional risk

Dietetics and clinical nutrition



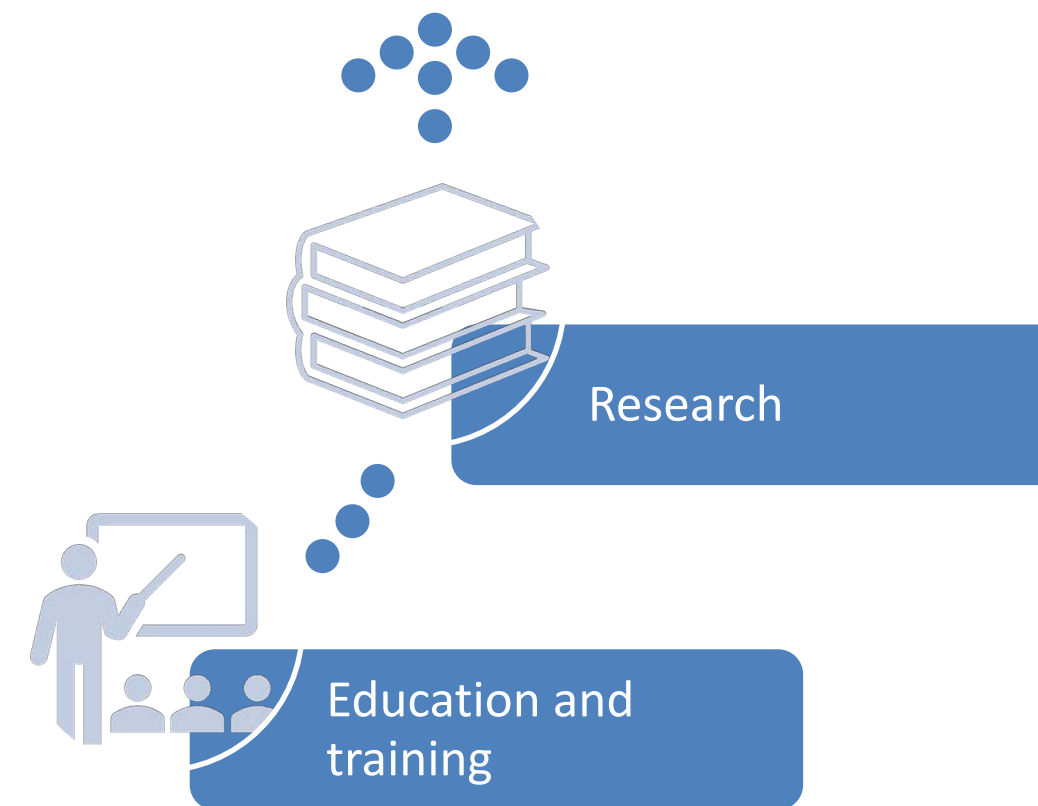
Health promotion

Foodservice



Artificial nutrition

## Community Dietitian - areas of activity



Il Dietista di comunità nell'equipe territoriale tra prossimità e proattività:  
il nuovo modello di assistenza dietetico nutrizionale sul territorio e a domicilio

Documento di posizionamento della FNO TSRM e PSTRP  
Commissione di albo nazionale Dietisti





Obiettivi Destinatari Programma Didattica Docenti Borse di studio Chi siamo Contatti

MASTER SPECIALISTICO DI I LIVELLO IN  
**NUTRIZIONE E DIETETICA  
APPLICATA.  
IL DIETISTA DI COMUNITÀ**

Sviluppo delle competenze specialistiche della professione di DIETISTA.



Master's degree  
for Dietitians  
"The Community  
Dietitian"



GLI OBIETTIVI

Formare professionisti sanitari con competenze avanzate e specialistiche.



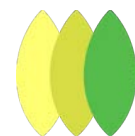
IL PROGRAMMA

Argomenti multidisciplinari utili alla formazione e alla gestione del paziente.



CARICA IL TUO CV!

Candidati ora per manifestare il tuo interesse e ottenere una borsa di studio.



The European  
Nutrition for Health Alliance



**SINPE**

Società Italiana di Nutrizione Artificiale e Metabolismo



## Master's degree for Dietitians "The Community Dietitian"

**Training module no. 1** - The healthcare system in Italy and its evolution process

**Training module no. 2** - New paradigms in healthcare, new territorial assistance services and health needs

**Training module no.3** - Evidence Based Practice

**Training module no. 4** - Quality and safety of assistance

**Training module no. 5** - Dietetic applied to the health needs of the territory

**Training module no. 6** - Continuity of care and digital innovation

**Training module no. 7** - Health service evaluation systems

**Training module no. 8** - Communication and relationships in health professions - counseling techniques and skills

**Training module no. 9** - Patient engagement

**Training module no. 10** – Foodservice and health promotion



Dietitians	<b>6032</b>
Total recommended Dietitians	9000
Real Ratio	10/100.000
Recommended Ratio	15/100.000
Dietitians in PCH/Territorial Care	N.A.
Recommended Dietitians in PCH	1200
Recommended Ratio	1/50 000

Inhabitants	59 110 000
Gross National Product (GNP)	2108000
Expenditure on health care in % GNP	6,8%

Data from National Register of Dietitians, December, 2023







REGIONE TOSCANA  
GIUNTA REGIONALE

ESTRATTO DAL VERBALE DELLA SEDUTA DEL 25-02-2008 (punto N. 22)

Delibera N.135 del 25-02-2008

Proponente  
ENRICO ROSSI

DIREZIONE GENERALE DIRITTO ALLA SALUTE E POLITICHE DI SOLIDARIETA'

Publicita'/Pubblicazione: Atto soggetto a pubblicazione su Banca Dati (PBD)

Dirigente Responsabile: Maria Giuseppina Cabras

Estensore: Maria Giuseppina Cabras

Oggetto:

Attestazione buone pratiche per la sicurezza del paziente. Integrazione della DGR 267/2007.

Presenti:

ANNA RITA BRAMERINI	AMBROGIO BRENNIA	SUSANNA CENNI
AGOSTINO FRAGAI	FEDERICO GELLI	ENRICO ROSSI
GIANNI SALVADORI	GIANFRANCO SIMONCINI	GIUSEPPE BERTOLUCCI
EUGENIO BARONTI	MARCO BETTI	

Assenti:

CLAUDIO MARTINI	RICCARDO CONTI	MASSIMO TOSCHI
PAOLO COCCHI		

**Patient Safety Practice (PSP)** - Prevention of nutritional risk, Tuscany Region, best practice for patient safety and clinical risk management in health and social care facilities (Regulatory reference: DGR 135 of 02/25/2008, 2020 update). The PSP involves the detection, evaluation and management of nutritional risk, facilitating information and operational continuity between professionals, as well as correct and timely care of the patient, significantly contributing to the reduction of avoidable damage.

**DGR XII/1812 of 01/29/2024:** Lombardy Region is the first Region to activate mandatory nutritional screening processes in the structures of the regional healthcare system and at home.



DELIBERAZIONE N° XII / 1812

Seduta del 29/01/2024

Presidente **ATTILIO FONTANA**

Assessori regionali: MARCO ALPARONE Vicepresidente  
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FRANCESCA CARUSO  
GIANLUCA COMAZZI  
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BARBARA MAZZALI  
MASSIMO SERTORI  
CLAUDIA MARIA TERZI  
SIMONA TIRONI

Con l'assistenza del Segretario Riccardo Perini  
Su proposta dell'Assessore Guido Bertolaso

Oggetto

ATTIVAZIONE DEL PERCORSO DI SCREENING NUTRIZIONALE NELLE STRUTTURE DEL SSR E DOMICILIARE





Nutrition Care Pathways where also referrals and tasks are clearly described are urgently needed

In Italy, **nutritional routines** towards the management of malnutrition and disease related malnutrition are still poor and need improvements.

Thus, much work still needs to be done to increase the standards of nutritional care.



Editorial

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Promote awareness on malnutrition, particularly aging- and disease-related

Promote enhancement of nutrition skills in PCHPs

Promote availability and accessibility of dietitians in the primary care setting

Promote establishment of multidisciplinary teams in primary care to allow for post-diagnostic assessment and initial treatment approaches when feasible

Promote establishment of referral pathways to secondary and tertiary care settings, including specialized outpatient care or hospitalization when appropriate

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# MALNUTRITION: FROM AWARENESS TOWARDS ACTION

A NUTRITION

Turin 6 & 7

