



International Conference

optimal
nutritional care
for all

MALNUTRITION: FROM AWARENESS TOWARDS CONTROL

A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024



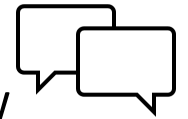
#MAW2024



MALNUTRITION

AWARENESS

WEEK



MAW
Communications
Workshop
#ONCA2024

Marianna Kalliostra,
ENHA Communications Officer

Konstantina Togka,
ONCA Coordinator

#MAW 2023 

MALNUTRITION AWARENESS WEEK

Introduction


Breaking down the numbers of #MAW2023..

1 5

ONCA Countries

2

Full months of activities

#MAW2023 

MALNUTRITION AWARENESS WEEK









THE MALNUTRITION AWARENESS WEEKS 2023

Here, you can find the overview of countries participating in 2023. You can select a country or scroll down to see a selection of activities around the Malnutrition Awareness Weeks.

| | |
|---|---|
|  ESPEN Malnutrition Awareness Week 6-10 November 2023 View activities |  Austria 6 - 10 November 2023 View activities |
|  Belgium 6 - 12 November 2023 View activities |  Czech Republic 6 - 12 November 2023 View activities |
|  Denmark 30 October - 3 November 2023 View activities |  France 7 - 14 November 2023 View activities |
|  Germany 6 - 10 November 2023 View activities |  Greece 13-17 November 2023 View activities |
|  Israel 21 - 23 November 2023 (TED) View activities |  Italy 16 - 20 October 2023 View activities |
|  The Netherlands 6 - 10 November 2023 View activities |  Portugal 27 November - 3 December 2023 View activities |
|  Spain 27 November - 1 December 2023 View activities |  Sweden 16 - 20 October 2023 View activities |
|  Hungary 9 November 2023 View activities |  United Kingdom 6-12 November 2023 View activities |

Dates +
Countries +
On site / Online +

| | | |
|---|--|---|
|  #UKMAW2023 campaign: Ask, Look, Listen United Kingdom On site 6-12 November 2023 Read more |  #DEMAW2023 Culinary medicine Germany Hybrid 8th November 2023 16:00 17:30 Add to Calendar Read more |  #PTMAW2023 in Santarém Portugal On site 7-12 November 2023 Read more |
|  #DEMAW2023 Panel discussion Germany On site 7th November 2023 19:00-20:00 Add to Calendar Read more |  #DEMAW2023 Press conference Germany Hybrid 7th November 2023 10:00-11:00 Add to Calendar Read more |  #DEMAW2023 Webinar Germany Online 6th November 2023 18:00-20:00 Add to Calendar Read more |

Objectives of Disseminating the MAW

Raise

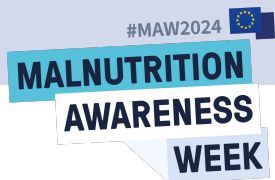
Raise awareness about malnutrition to drive policy changes and improve public understanding.

Discuss

Discuss the importance of fostering a sense of responsibility among healthcare professionals, policymakers, and the general public.

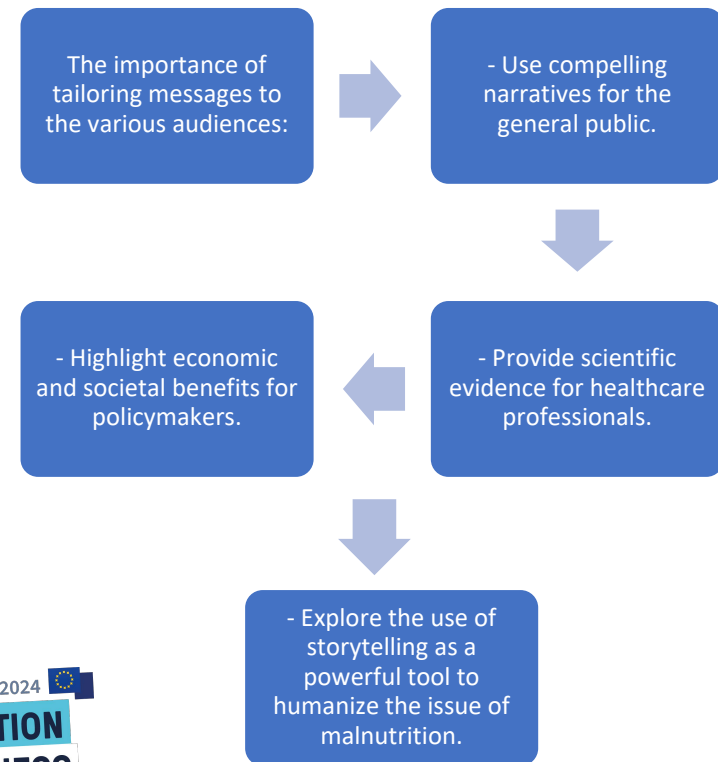
Emphasize

Emphasize the goal of creating a unified voice across European countries to address malnutrition collectively.





Effective Communication Strategies



Effective Communication Strategies



The use of diverse communication channels:



- Social media campaigns for wider reach.
- Traditional media



- Collaboration with other healthcare and patient associations/ organisations for a more targeted messaging.



- Engaging with policymakers through advocacy efforts.

Introduction to Toolkits for Efficient Dissemination

Components of an effective toolkit

- Informational brochures on malnutrition.
- Infographics
- Social media graphics and posts.
- Sample press releases and media kits

Toolkits need to be:

- User-friendly
- Widely and easily accessible
- Tailored to the different audiences

#MAW2024 

MALNUTRITION

AWARENESS

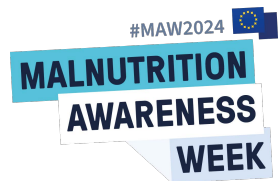
WEEK



Introduction to Toolkits for Efficient Dissemination

What will make an effective toolkit stand out:

- An updated website as the central hub of all your activities and resources
- Clean and visually appealing graphics: Visuals are powerful communicators
- Maintain a consistent color palette and design elements
- Brand identity: Consistently use the official logos



Facilitating Activities at the European Level



The contribution of coordinated activities towards the formulation of policy papers

- Collecting data from diverse activities across countries.
- Synthesizing insights into comprehensive policy recommendations.
- Collaborating with experts and policymakers to create impactful documents.



Our role in engaging with politicians at the European scale

- Presenting key findings and initiatives to policymakers.
- Advocating for policies that address malnutrition.
- Leveraging the influence of ONCA countries in European policymaking.

Facilitating ONCA Campaign Activities



Our role in coordinating activities:

Facilitating communication between participating ONCA countries.

Ensuring the alignment of messaging and branding.



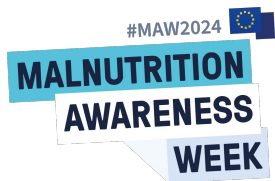
Sharing strategies for overcoming potential challenges:

ONCA Conference

Malnutrition Awareness Weeks


Regular virtual meetings

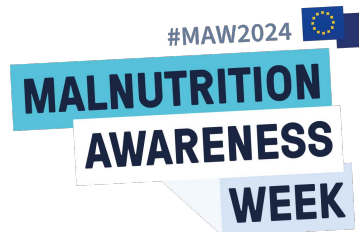
Centralized platform for activities and resource sharing



MAW 2024 – Kicking off the Campaigns

Planned activities to facilitate the MAW2024:

- February 2024 Workshop 
- Workshop at the ONCA Conference
- September 2024 Workshop
- MAW: October – December 2024



The sooner the better

MAW 2024

- Launching dates
- Start thinking of a potential theme for MAW 2024
- Start planning and scheduling the activities

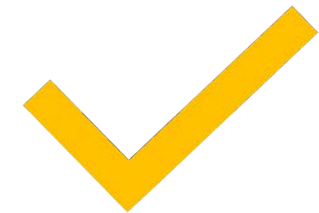
MAW 2024 – Kicking off the Campaigns Administration..



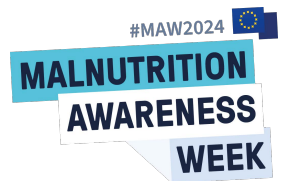
We will circulate the MAW 2024 logos → confirm or request for adjustments



New reporting process → meeting next December to discuss the achievements, learnings, barriers etc.



Social media handles



Q&A and Discussion

Thoughts, ideas, experiences?

Instructions

Go to

www.menti.com

Enter the code

3799 6975



Or use QR code

Warm thank you for your active participation, commitment and dedication to the MAW initiative



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A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024



Good Practices: the Italian Paradigm

Marco Cintoni

SINPE 4 Young Working Group

marco.cintoni@unicatt.it

Malnutrition from awareness towards
control





Optimal Nutritional Care for All – ONCA – è tempo di agire! Consensus meeting del Team ONCA per l'Italia.

Negli ultimi decenni abbiamo assistito allo sviluppo della terapia nutrizionale da un tradizionale uso di supporto ad un ruolo propriamente terapeutico e in grado di ottimizzare gli esiti clinici. Nonostante le evidenze di ciò in letteratura si moltiplichino, l'attuazione nella pratica clinica rimane tuttora ad un livello non adeguato e soprattutto relegata a limitate specifiche realtà dove, per iniziative di singoli o di pochi "illuminati", si lavora con elevati standard di terapia nutrizionale. Eppure il diritto di accesso ad una adeguata nutrizione è uno dei diritti fondamentali dell'uomo come stabilito anche dalla nostra costituzione. Ogni paziente, non in grado, a causa della patologia che lo affligge, di mantenere un adeguato stato di nutrizione, dovrebbe avere accesso ad una terapia nutrizionale di qualità. Tutto ciò, oltre a garantire migliori esiti clinici e migliore qualità di vita del paziente, avrebbe anche importanti effetti economici riducendo sensibilmente la spesa sanitaria per effetto di una riduzione dei tempi di guarigione, delle complicanze, della durata della degenza ospedaliera e della necessità di re-ospedalizzazione oltre ad un utilizzo cost-effective delle risorse comuni.

Siamo tuttavia consapevoli del divario che esiste tra la teoria e la pratica in questo contesto. Ne sono testimoni i pazienti adulti e pediatrici che vivono realtà molto diverse nelle varie aree del nostro paese.

Questa iniziativa europea, promossa da European Nutrition for Health Alliance ed European Society of Parenteral and Enteral Nutrition, in atto da qualche anno con il coinvolgimento di 19 paesi europei, vuole unire tutte le forze verso un ambizioso obiettivo comune: Optimal Nutritional Care for All (ONCA). Questo risultato si potrà ottenere solo se saremo in grado di garantire screening e valutazione dello stato nutrizionale in maniera sistematica, al fine di identificare precocemente tutti i pazienti a rischio di malnutrizione o malnutriti, meritevoli di una terapia nutrizionale tempestiva, appropriata, costo-efficace e di qualità, sia in ospedale sia sul territorio (case di cura, RSA, domicilio).

SINPE (Società Italiana di Nutrizione Artificiale e Metabolismo) aderisce a questa iniziativa conferendo autorevolezza e professionalità plurime al team italiano che garantirà una forza d'azione nuova in tutti gli aspetti di questa battaglia che ci vede così, uniti per obiettivi comuni.



- Courses
- Malnutrition Awareness Week (16-20 October 2023)
- Rarity On Wheels Project
- National Congress: Increase Malnutrition Awareness: Challenge for the Future



- Courses

Fundamentals of artificial nutrition in hospital and at home

SINPE organizes and supports different editions of the course every year, both residential or webinars.

Thanks to its network of experts and in particular to the regional delegates the formative activity is implemented in the local context ensuring the diffusion of best clinical nutrition practices and uniformity of care in the whole national territory.



- Courses

Fundamentals of artificial nutrition in hospital and at home

Malnutrition from awareness towards control

SINPE Società Italiana di Nutrizione Artificiale e Metabolismo

18 crediti ECM

Corso base SINPE

Le basi della nutrizione artificiale in ospedale e a domicilio

Responsabile Scientifico
Sebastiano Percolla

14 - 15 Aprile 2023

AULA MOSCATI Policlinico Morgagni di Catania
Via De Logu 17, 95126 Catania

SINPE Società Italiana di Nutrizione Artificiale e Metabolismo

18 crediti ECM

Corso base SINPE

Le basi della nutrizione artificiale in ospedale e a domicilio

Responsabile Scientifico
Lidia Santarpia

20 - 21 Aprile 2023

EDIFICIO S. AULA D. - FACOLTÀ DI MEDICINA E CHIRURGIA
UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

SINPE Società Italiana di Nutrizione Artificiale e Metabolismo

18 crediti ECM

Corso base SINPE

Le basi della nutrizione artificiale in ospedale e a domicilio

Responsabili Scientifici
Pasquale Di Biase,
Cinzia Di Venosa, Giuseppina Opramolla

20 - 21 Aprile 2023

AULA ORDINE DEI MEDICI DI FOGGIA
Via Acquaviva

SINPE Società Italiana di Nutrizione Artificiale e Metabolismo

18 crediti ECM

Corso base SINPE

Le basi della nutrizione artificiale in ospedale e a domicilio

Responsabile Scientifico
Fiorenzo Cortinovis

10 - 11 Maggio 2023

Centro Ambrosiano
Via S. Carlo 2, Seveso (MB)



- Courses

Clinical nutrition in ICU patients

6 ore formative
6 Crediti ECM

ICU Sinpe 2023

Nutrizione clinica nel paziente in terapia intensiva

9 | 10 Giugno 2023

Responsabile Scientifico:
Marialaura Scarcella

Hotel Giò
Via Ruggero D'Andreotto, 19 - Perugia (PG)



Malnutrition from awareness towards control



- Courses

Artificial nutrition in cancer patients



LA NUTRIZIONE ARTIFICIALE NEL PAZIENTE ONCOLOGICO

COORDINATORE SCIENTIFICO
Michela Zanardi, Torino

FACULTY

Alessia Chiarotto, Torino
Paolo Cotogni, Torino
Anna Demagistris, Torino
Etta Finocchiaro, Torino
Raffaella Ferraris, Torino
Pierfrancesco Franco, Torino
Antonella Lezo, Torino
Fabio Merlo, Torino
Marinella Mistrangelo, Torino
Giuseppe Naretto, Torino
Sergio Riso, Novara
Maria Antonietta Satolli, Torino
Elisa Sperti, Torino
Marco Tinivella, Orbassano
Michela Zanardi, Torino

INFORMAZIONI GENERALI
QUOTA DI ISCRIZIONE

Medico, Farmacista, Dietista e Infermiere **soci**:
€ 100,00 + IVA

Medico, Farmacista, Dietista e Infermiere **non soci**: € 130,00 + IVA

ISCRIZIONE

L'iscrizione al Corso sarà aperta dal 1 settembre 2020 e dovrà avvenire online tramite il sito www.noemacongressi.it o www.sinpe.org nelle sessioni dedicate.

FCM

GIOVEDÌ 15 OTTOBRE

16.00-17.10 **SESSIONE 1**

CANCRO E TERAPIE: CONSEGUENZE METABOLICHE E NUTRIZIONALI

Moderatori: A. Demagistris

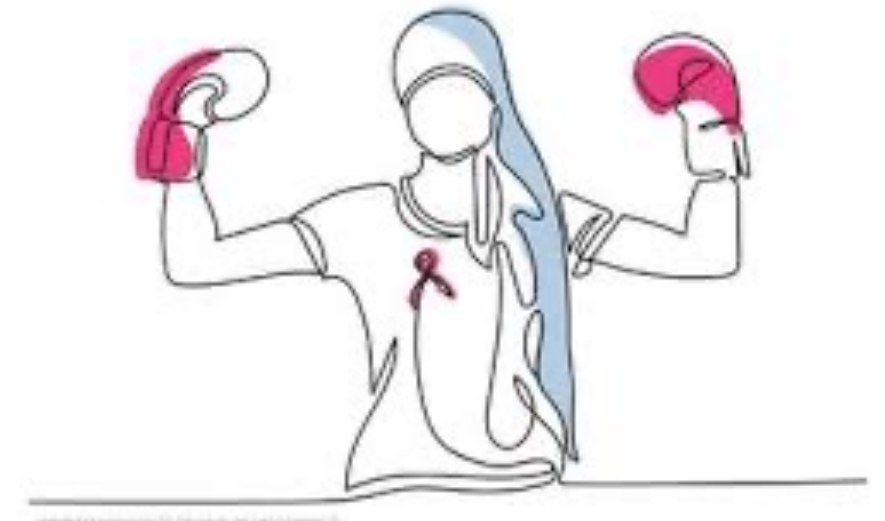
- 16.00 Cachessia neoplastica: inquadramento (F. Merlo)
- 16.10 Effetti delle terapie oncologiche sullo stato nutrizionale (M.A. Satolli)
- 16.30 Effetti del trattamento radioterapico sullo stato nutrizionale (P. Franco)
- 16.50 Conseguenze della cachessia neoplastica sull'outcome clinico (F. Merlo)
- 17.00 Discussione

17.10-19.00 **SESSIONE 2**

RISCHIO NUTRIZIONALE E TRATTAMENTO

Moderatori: M. Tinivella

- 17.10 Screening e valutazione dello stato nutrizionale (M. Zanardi)
- 17.30 Counseling dietistico e ONS: il primo step (A. Chiarotto)
- 17.50 Il supporto nutrizionale nel paziente radio-chemioterapato (A. Demagistris)
- 18.10 Il supporto nutrizionale nella chirurgia cervico-cefalica (S. Riso)
- 18.30 Il supporto nutrizionale nella chirurgia del tratto gastroenterico superiore (C. Finocchiaro)
- 18.50 Discussione



- Courses

Artificial nutrition in geriatrics patients



- Malnutrition Awareness Week (16-20 October 2023)

«Joining forces and interests in the fight against malnutrition in Italy – the work of the Italian ONCA Team»



Malnutrition from awareness towards control



- Malnutrition Awareness Week (16-20 October 2023)
1st Sinpe4Young Course on Body Composition

Malnutrition from awareness towards control



• Malnutrition Awareness Week (16-20 October 2023)

Communication materials for sharing (created in collaboration with other Italian Scientific societies)

Malnutrition from awareness towards control

EATING DISORDERS

KNOW THE NUMBER

3 MLN People in Italy

70% Teenagers

90% female / 10% male

85% new cases

30% < 14 years old

WARNING SIGNALS

- Weight loss
- Amenorrhea
- Dysmorphophobia
- Body checking
- Physical hyperactivity
- Calorie counting
- Food obsessiveness
- Anxiety disorder
- Social withdrawal

A cura di: Dott.ssa Stefania Demontis | SSD Nutrizione Territoriale e DCA ASL1 Imperiese | Dott. Nutr

MALNUTRITION AWARENESS WEEK - ITALY

16 - 20 OCTOBER 2023

MALNUTRITION IN HOSPITALIZED CHILDREN

| | | | |
|--------------|-------------------|-----------------------------|-------------|
| Malnutrition | Undernutrition | Wasting | Stunting |
| Underweight | Failure to thrive | Protein-energy malnutrition | Kwashiorkor |
| Cachexia | Sarcopenia | | Marasmus |

"Imbalance between nutrient requirements and intake that results in cumulative deficits of energy, protein or micronutrients that negatively affect growth, development and other relevant outcomes"

PREVALENCE: children aged 0 - 6 years

HIGHER RISK: chronic conditions = 60% of hospitalized children

16 | 20 Ottobre 2023

SINPE Società Italiana di Nutrizione Artificiale e Metabolismo

La nutrizione clinica nel paziente in area medica

#SCM2023

SETTIMANA DI CONSAPEVOLEZZA della MALNUTRIZIONE

A cura di Sergio Riso, Direttore SC Scienza dell'Alimentazione e Dietetica, AOU Maggiore della Carità, Novara

Nel paziente ricoverato in area medica, spesso polimorbido, sono frequenti malnutrizione, sarcopenia e disfagia.

PREVALENZA

MALNUTRIZIONE ASSOCIATA A SARCOPENIA: 41,6%⁽¹⁾

MALNUTRIZIONE: 30-50%⁽²⁾

- Mortalità
- Morbilità
- Declino funzionale
- Durata degenza
- Costi

SARCOPENIA: 42%⁽¹⁾

- Durata degenza
- Riammissioni
- Declino funzionale
- Cadute
- Mortalità (a 3 mesi)

DISFAGIA: 47-82%^(4,5)

- Disidratazione
- Polmonite ab ingestis
- Ospedalizzazione
- Riammissioni
- Mortalità

PAZIENTE POLIMORBIDO IN AREA MEDICA

Il mancato riconoscimento e trattamento di queste condizioni comporta:

- peggior decorso clinico
- ulteriore scadimento dello stato nutrizionale
- maggiori necessità assistenziali al domicilio
- aumentato rischio di riospedalizzazione

SCREENING

Fino al 50% DEI PAZIENTI OSPEDALIZZATI A RISCHIO DI MALNUTRIZIONE O MALNUTRITI

STOP

65% DEI PAZIENTI PRESENTA MALNUTRIZIONE ALLA DIMISSIONE OSPEDALIERA*

È necessario interrompere questo circolo vizioso!



Malnutrition from awareness towards control

• Malnutrition Awareness Week (16-20 October 2023) Communication materials for sharing (created in collaboration with other Italian Scientific societies)

Undernutrition in Children with NEUROLOGICAL IMPAIRMENT
 A cura di Teresa Capriati, Antonella Diamanti, Miriam Nutritional Rehabilitation Unit I.R.C.C.S. Bambino Gesù Children's Hospital Rome, Italy

ANTROPOMETRY:
 - Weight (W), Height (H) and Body Mass Index (BMI) and z-score BMI > 2 years of age; W, Length/Height centiles and z-scores and cranial circumference (C) years of age

| Age (years) | Gender | Equation for height (cm) | Reference |
|-------------|--------|------------------------------------|----------------------------|
| 2-4 | Male | $H = 76.6 + 6.91 \times (A - 2)$ | WHO Child Growth Standards |
| 2-4 | Female | $H = 75.5 + 6.89 \times (A - 2)$ | WHO Child Growth Standards |
| 5-9 | Male | $H = 128.1 + 6.13 \times (A - 5)$ | WHO Child Growth Standards |
| 5-9 | Female | $H = 127.0 + 6.10 \times (A - 5)$ | WHO Child Growth Standards |
| 10-14 | Male | $H = 153.6 + 5.91 \times (A - 10)$ | WHO Child Growth Standards |
| 10-14 | Female | $H = 151.0 + 5.81 \times (A - 10)$ | WHO Child Growth Standards |

Body Composition:
 - Triceps skinfolds (centile and z-score)
 - Mid Upper Arm Circumference (MUAC) and Mid-Arm-Muscle Circumference (MAMC) centiles

Red flags
 1. Physical signs (eg decubitus skin and poor peripheral circulation)
 2. Weight for age z-score < -2
 3. Triceps skinfold thickness < 10th centile for age and sex
 4. Mid-upper arm fat or muscle area < 10th percentile
 5. Falling weight and/or failure to thrive

Oropharyngeal dysfunction (OPD) is defined by the pharyngeal, and esophageal). In children with NI report
For evaluation OPD:
 - feeding history from early infancy (eg, problems with symptoms: sialorrhea, coughing, multiple swallow feeding difficulties, and prolonged feeding times (fee symptoms are associated with dysfunction in the pharynx)
 - observation of meal times with or without the use of videofluoroscopy (VFS) → to identify discoordination
 - Others (VFS + high-resolution esophageal manometry) an abnormal pharyngeal phase of swallowing but the sphincter function and pharyngeal dysmotility, etc.)

Risk factor
 Malnutrition and sarcopenia are modifiable risk factors that can impact the surgical outcome

Malnutrition Awareness Week
 16-20 OTTOBRE 2023

ANOREXIA NERVOSA IN ICU AND REFEEDING SYNDROME RISK

| | Normal weight | Anorexic patients |
|---------------------------------------|---------------|-------------------|
| Cardiac output (l/min) | 77.6 (16.3) | 58.4 (10.4) |
| Cardiac Index (l/min/m ²) | 3.40 (0.7) | 2.87 (0.73) |
| | 2.01 (0.64) | |

KEY MESSAGES
 - Anorexia nervosa is an infrequent cause of ICU admission.
 - ICU physicians need recommendations to improve the management of anorexia nervosa patients.
 - Early recognition and prevention of refeeding syndrome is a major issue.
 - Prevention of iatrogenic events may decrease mortality of anorexia nervosa patients admitted to ICU.

La ristorazione ospedaliera è parte integrante della terapia clinica e rappresenta il più economico strumento per il trattamento della malnutrizione

La ristorazione ospedaliera deve essere adattata alle abilità del paziente, al tipo di ospedalizzazione ed ai suoi valori. I pasti dovrebbero soddisfare le preferenze dei pazienti e le loro capacità di alimentarsi: adattamento delle porzioni, consistenza modificata se necessario, migliori condizioni possibili per aumentare l'assunzione di cibo (scelta varia e temperature adeguate)

Il momento del pasto dovrebbe essere protetto, con una fascia oraria riservata

La ristorazione ospedaliera deve rappresentare la prima opportunità per correggere e prevenire la malnutrizione ospedaliera

Lo screening del rischio e la valutazione dello stato nutrizionale sono indispensabili per identificare il rischio o la presenza di malnutrizione

La ristorazione ospedaliera rappresenta una qualità, siccome l'assistenza nutrizionale

L'assistenza nutrizionale è parte integrante del processo assistenziale, per prevenire i problemi di salute reali o potenziali di gruppi di pazienti, famiglie e caregiver

L'accesso al cibo "quantitativo e qualitativo appropriato" è un diritto umano fondamentale, sancito dalla Dichiarazione universale dei diritti dell'uomo

La ristorazione ospedaliera deve essere verificata, rivalutata e adattata ogni 3-5 giorni, sulla base dell'evoluzione della patologia, del monitoraggio dell'introito alimentare e dell'accettazione da parte del paziente

Dovrebbero essere condotte a intervalli regolari, almeno una volta l'anno, indagini sulla soddisfazione e sulla valutazione del gradimento dei pasti ospedalieri e delle diete

Le diete basate sulle restrizioni alimentari senza evidenza clinica dovrebbero essere evitate, poiché aumentano il rischio di malnutrizione

Per approfondimenti:
 Roberts-Trifiroli, Ottaviani Abbagnano, Elena Brambilla, Laila Meija, Kerem Östöröm-Ostöröm, Clavie Richard, Elisabeth Rothbarth, Marie-Françoise Vaillant, Stéphane C. Bischoff, Ersilia Troiano, Lilla Santarpia. Linea guida ESPEN sulla Nutrizione Ospedaliera dell'ESPEN Guidelines Office, 3.05.2022 (Thibault R, Abbagnano E, Meija L, Östöröm-Ostöröm K, Richard C, Rothbarth E, Bischoff SC. ESPEN guidelines on hospital nutrition. Clin Nutr. 2021 Dec;40(12):5684-5709)

Traduzione italiana disponibile ai seguenti link: SINPE • ASAND •

SETTIMANA DI CONSAPEVOLEZZA DELLA MALNUTRIZIONE
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 #SCM2023

Raccomandazioni per il Supporto Nutrizionale nei Pazienti Oncologici
 Aggiornamento dal gruppo di lavoro intersocietario AIOM, SINPE, FAVO, SICO, ASAND, FNOFI

- Al momento della diagnosi e entro 48h dal ricovero
- Con strumento validato (NRS, MUST, MST, MNA o PG-SGA)
- Ripetuto ad ogni visita
- Valutazione nutrizionale completa
- Valutazione composizione corporea
- Effettuata da personale specializzato in Nutrizione Clinica
- Direttamente indirizzati agli specialisti in nutrizione clinica per una valutazione nutrizionale completa
- Stretto monitoraggio nutrizionale
- Tumori gastrointestinali, testa-collo, polmone
- Utilizzo autonomo sconsigliato dell'apporto calorico-proteico
- Prescrizione da specialisti in nutrizione clinica in base alle carenze e condizioni cliniche
- Utilizzo di integratori
- Supporto nutrizionale personalizzato per i pazienti sottoposti a chirurgia maggiore
- Cure palliative
- Nutrizione artificiale domiciliare
- Supporto nutrizionale per alleviare i sintomi correlati alla malnutrizione
- Adattato secondo volontà del paziente, qualità di vita ed aspettativa di vita
- Prescritta e regolarmente monitorata secondo protocolli condivisi da operatori sanitari e istituzioni
- Creazione di team specializzati interdisciplinari
- Inclusione di specialisti in nutrizione clinica nei comitati oncologici locali
- Programma ERAS
- Valutazione e supporto nutrizionale personalizzato per i pazienti sottoposti a chirurgia maggiore
- Supporto nutrizionale per alleviare i sintomi correlati alla malnutrizione
- Adattato secondo volontà del paziente, qualità di vita ed aspettativa di vita
- Prescritta e regolarmente monitorata secondo protocolli condivisi da operatori sanitari e istituzioni
- Creazione di team specializzati interdisciplinari
- Inclusione di specialisti in nutrizione clinica nei comitati oncologici locali
- Screening precoce
- I pazienti a rischio nutrizionale
- Tumori gastrointestinali, testa-collo, polmone
- Utilizzo autonomo sconsigliato dell'apporto calorico-proteico
- Prescrizione da specialisti in nutrizione clinica in base alle carenze e condizioni cliniche
- Utilizzo di integratori
- Supporto nutrizionale personalizzato
- Valutazione e supporto nutrizionale personalizzato per i pazienti sottoposti a chirurgia maggiore
- Cure palliative
- Nutrizione artificiale domiciliare
- Supporto nutrizionale per alleviare i sintomi correlati alla malnutrizione
- Adattato secondo volontà del paziente, qualità di vita ed aspettativa di vita
- Prescritta e regolarmente monitorata secondo protocolli condivisi da operatori sanitari e istituzioni
- Creazione di team specializzati interdisciplinari
- Inclusione di specialisti in nutrizione clinica nei comitati oncologici locali
- Parametri nutrizionali
- Ricerca clinica oncologica
- Team nutrizionali

The European Nutrition for Health Alliance

SINPE
 Società Italiana di Nutrizione Artificiale e Metabolismo

Reference: Caccialanza et al. Nutritional Support in Cancer Patients: Update of the Italian Intersociety Working Group Practical Recommendations. Journal of Cancer 2022, Vol. 13 (9): 2705-2716



- **Rarity On Wheels Project**

The Rarity on Wheels- RoW Project addresses people affected by rare diseases (RDs) and their actual possibility to participate in sports activities and competitions. Patients affected by rare diseases, both children and adults, manifest multiple difficulties in their daily lives: from health and clinical issues to school, work, and social exclusion, due to their particular and often invisible disability status.



- **Rarity On Wheels Project**



Starting from these premises, our project started to disseminate and scale up in 3 different EU countries the good practice “La Rarità su due ruote” developed by the project coordinator “Un filo per la vita”.

This practice aimed to promote equal access in sports activities (in particular cycling) and in sports competitions for people affected by rare diseases and to foster awareness raising on rare diseases, spreading knowledge on the topic through sport.



- National Congress: Increase Malnutrition Awareness: Challenge for the Future

– *Clinical Nutrition, PNRR, Scientific Societies and Institutions (ONCA) Specific Session*

Malnutrition from awareness towards control



 **SINPE**
Società Italiana di Nutrizione Artificiale e Metabolismo

CONGRESSO NAZIONALE

**INCREASE
MALNUTRITION
AWARENESS:
CHALLENGE FOR
THE FUTURE**

NUTRIZIONE CLINICA, PNRR, SOCIETÀ SCIENTIFICHE E ISTITUZIONI (ONCA)

Moderatori: L. Gianotti, G. Giorgetti, S. Riso

16.30 | Il ruolo del Ministero della Salute in ambito nutrizionale (U. Della Marta)

16.50 | Evoluzione dell'operato del TARSIN: dalla conferenza nazionale nutrizionale ad oggi (R. Copparoni, G. Plutino)

17.10 | Il Libro Bianco: ruolo e suo significato (A. De Lorenzo)

17.30 | Buone pratiche dall'Europa: la settimana della malnutrizione (A. Lezo)

17.50 | Discussione

26 | POMERIGGIO





International Conference

optimal
nutritional care
for all

MALNUTRITION: FROM AWARENESS TOWARDS CONTROL

A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024





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Malnutrition from awareness towards control

Supporting and Amplifying the Italian Malnutrition Awareness Week

Luca Cordaro

President UIF-Medical Nutrition



Unione Italiana Food: who we are

- Unione Italiana Food is a trade association of the Confindustria System
- In the "Specialised Nutrition" area, it represents the Special Medical Purpose Food sector.



Abbott

B|BRAUN

SHARING EXPERTISE



NUTRICIA
LIFE TRANSFORMING NUTRITION



**FRESENIUS
KABI**

Nestlé
HealthScience®

- These companies aim to develop, in collaboration with scientific societies, institutions and patient associations products and services that are increasingly effective in detecting, preventing and treating conditions of malnutrition.
- The companies make their technical scientific and communication skills available to the entire Health System to demonstrate the effectiveness of food for special medical purposes in supporting therapeutic pathways for patients and economic sustainability for the health system.



The European
Nutrition for Health Alliance



SINPE

Società Italiana di Nutrizione Artificiale e Metabolismo



Unione Italiana Food: our commitment

Malnutrition from awareness towards control

Con il patrocinio di 

NUTRIZIONE MEDICA: PIÙ FORZA ALLA CURA

Insieme per combattere la malnutrizione

In Italia **FINO AL 50% DEI PAZIENTI IN OSPEDALE È A RISCHIO DI MALNUTRIZIONE**. Il mancato trattamento di questa condizione incide pesantemente sia sugli effetti delle cure che sui costi del Servizio Sanitario Nazionale.

Alterazioni dello stato nutrizionale sono altamente prevalenti nei malati oncologici e la malnutrizione per difetto deve essere considerata **«UNA MALATTIA NELLA MALATTIA»**.

L'IMPEGNO DELLE AZIENDE

- Le Aziende che si occupano di nutrizione clinica mettono a disposizione di tutto il Sistema Salute le proprie competenze tecnico scientifiche, per dimostrare l'efficacia terapeutica e la sostenibilità economica dei propri prodotti per i pazienti e il sistema sanitario.
- Le Aziende si rendono disponibili a sviluppare, in collaborazione con le Istituzioni, le Associazioni Pazienti e le Società Scientifiche, prodotti e servizi sempre più efficaci nel rilevare, prevenire e trattare condizioni di malnutrizione per difetto.

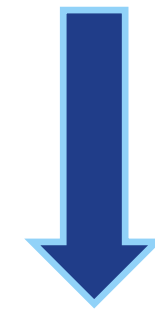
LE AZIENDE CHIEDONO ALLE ISTITUZIONI la presa in carico appropriata del paziente malnutrito attraverso

- L'inserimento delle terapie nutrizionali, compresi i supplementi nutrizionali orali, nei Livelli Essenziali di Assistenza
- L'introduzione dello screening e del counselling nutrizionali nei percorsi diagnostici, terapeutici e assistenziali (PDTA).
- La costruzione in tutte le Regioni di reti di Nutrizione Clinica
- L'applicazione in tutte le Regioni delle linee di indirizzo della Conferenza Stato Regioni in tema di percorsi nutrizionali nei pazienti oncologici
- Il riconoscimento della Nutrizione Clinica come materia di studio anche per i clinici non specializzati in nutrizione.
- La reintroduzione della detraibilità fiscale per gli Alimenti ai Fini Medici Speciali (AFMS)
- L'organizzazione di campagne informative e educazionali rivolte a cittadini e operatori sanitari sulla rilevanza della malnutrizione per difetto.

Aziende associate a Nutrizione Medica- Unione Italiana Food



For many years, Unione Italiana Food has been committed to raising awareness among all stakeholders about the issue of malnutrition, disseminating knowledge and data on its impact on clinical outcomes, patients' quality of life, and the Italian NHS



Awareness of all Stakeholders (institutions, clinicians, patients, caregivers and general population) is essential to tackle malnutrition and its consequences.

In 2019, the first public Italian manifesto has been presented in a dedicated event to national and regional Institutional representatives, including Ministry of Health, scientific societies, PAGs and civic associations, and has been disseminated through the press.

Unione Italiana Food: our effort



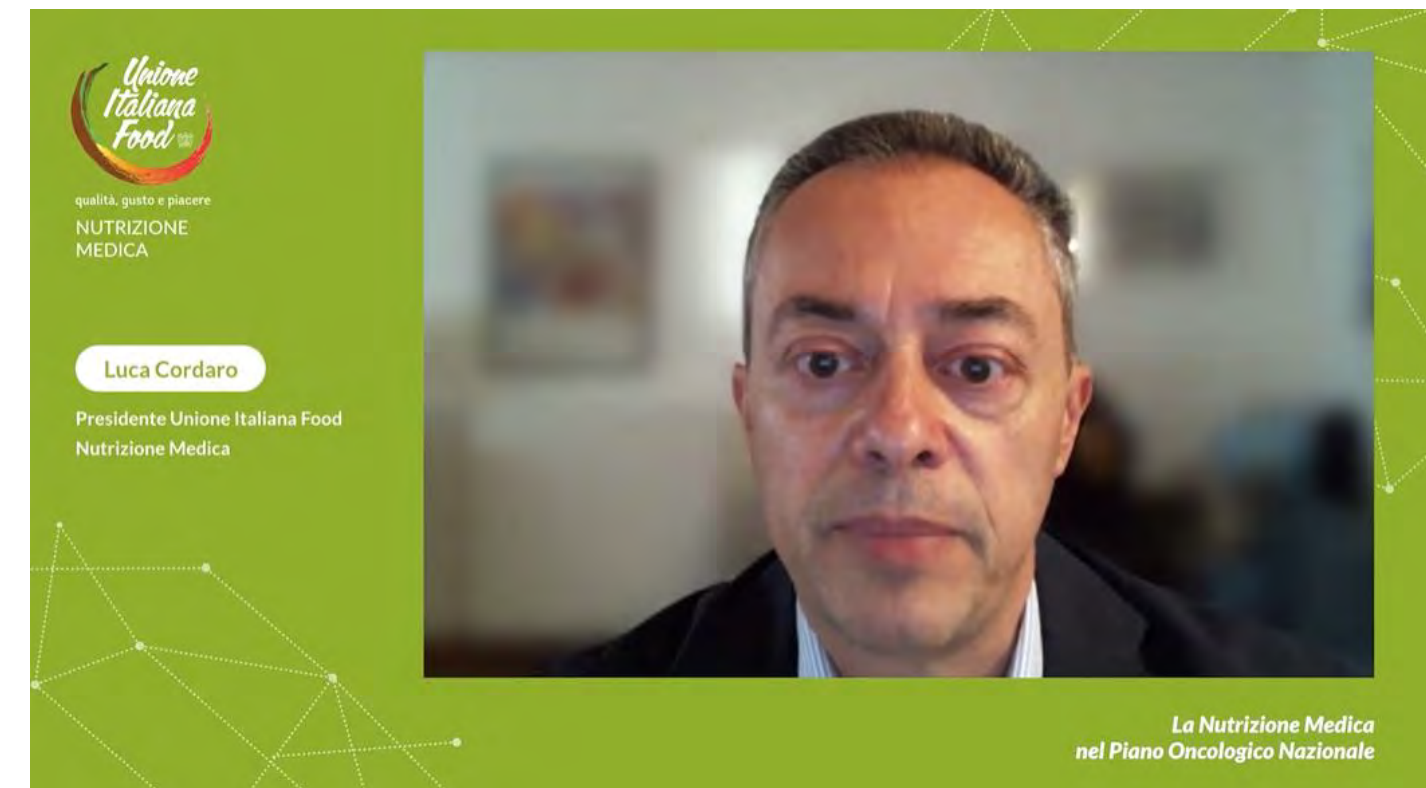
www.nutrizionemedica.org



Nutrizione Medica – Unione Italiana Food

To continue in its efforts to raise awareness in all stakeholder about malnutrition, Unione Italiana Food disseminates information through a **website and a LinkedIn page**, that periodically publish news, data and interviews to experts.

A patient and caregiver dedicated page on the website will be live in July Q3 2024



Unione Italiana Food: our effort

Malnutrition from awareness towards control



www.nutrizione medica.org



Nutrizione Medica – Unione Italiana Food

Nutrizione Medica - Unione Italiana Food
 5.204 follower
 2m • Modificato •

La malnutrizione nei pazienti, siano essi ospedalizzati oppure no, è un problema clinico ma anche un tema di salute pubblica, che comporta un burden significativo sui sistemi sanitari e sulla qualità di vita dei pazienti e delle loro famiglie. ...vedi altro

Riccardo Caccialanza
 Direttore SC Dietetica e Nutrizione Clinica
 Fondazione IRCCS Policlinico San Matteo Pavia

Nutrizione medica: più forza alla cura | Insieme per combattere la mal...

"Pronto: il protocollo per gli oncologi che valuta il rischio di malnutrizione"
 Video intervista al Professor Muscaritoli (Sinuc)

Prof. Paolo Pedrazzoli
 Dir. Oncologia IRCCS S. Matteo Pavia



Linkedin page KPIs

LinkedIn page was born to **create a community** of professionals interested in the topics related to clinical nutrition and in the activities of **Unione Italiana Food**.

To reach this goal the page publishes a Digital Editorial Plan (one post per week)

**Total page followers:
> 5.000**

**> new 1200
followers in 2024**

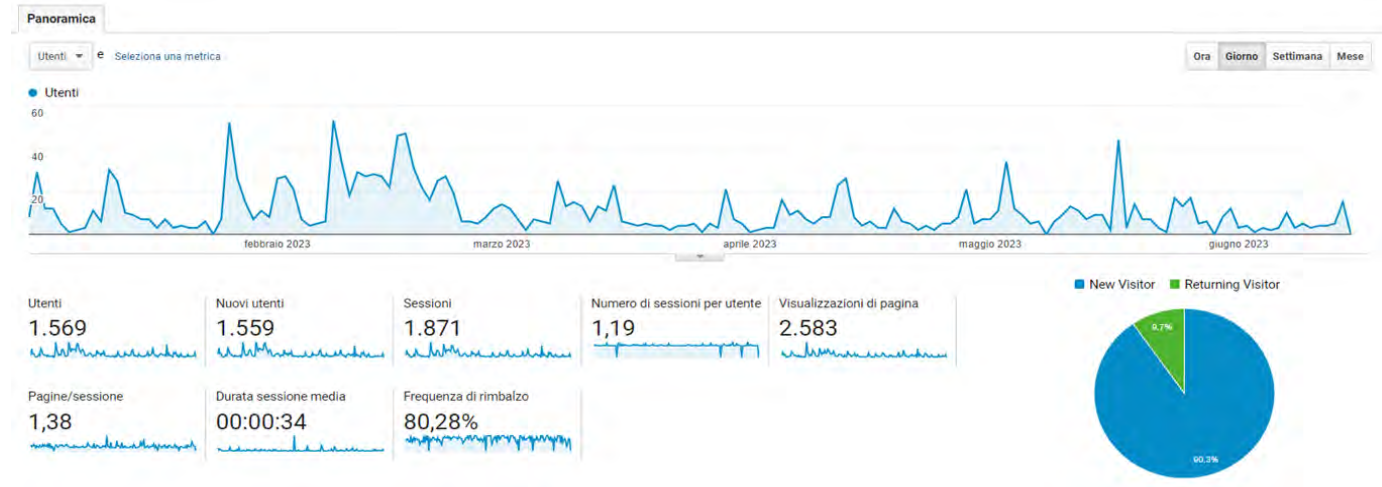


Website KPIs

from 1st January to 15th June 2023

GOOGLE ANALYTICS INSIGHTS

**Total page views:
12.000**
**Unique visitors reached:
6.700**



from 16th June to 31st December 2023



WORK IN PROGRESS: a patient and caregiver dedicated page on the website (ETA – Q3 2024)

*NB. In June 2023 Google Analytics released a new version. For this reason, some data and graphs are not collectable and appear differently.



Example of event amplification

On 28th September 2023, Unione Italiana Food sponsored the Institutional event “Early Screening And Nutritional Support Of Oncologic Patient: Where Are We At?”. To further amplify the resonance of the event and its contents, a dedicated Digital Editorial Plan was published on the LinkedIn page and the web site.

Malnutrition from awareness towards control

Aug - Sep
EVENT ANNOUNCE

- Several posts were published to inform followers about the upcoming event



27th September
EVENT LIVE

- The whole recorded event was shared on the page



Oct - Nov
EVENT AMPLIFICATION

- The resonance of the topics emerged during the event was amplified through the renowned voice of the KOLs interviewed



The feedback from the website and Linkedin page



In the period just before the event and the one immediately after, the website and linked in page recorded a remarkable growth in the monthly unique visitors and new users reached.



Thanks!!

Malnutrition from awareness towards control





International Conference

optimal
nutritional care
for all

MALNUTRITION: FROM AWARENESS TOWARDS CONTROL

A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024





Optimizing ESPEN Malnutrition Awareness Week (MAW): sharing knowledge and tools for collective success

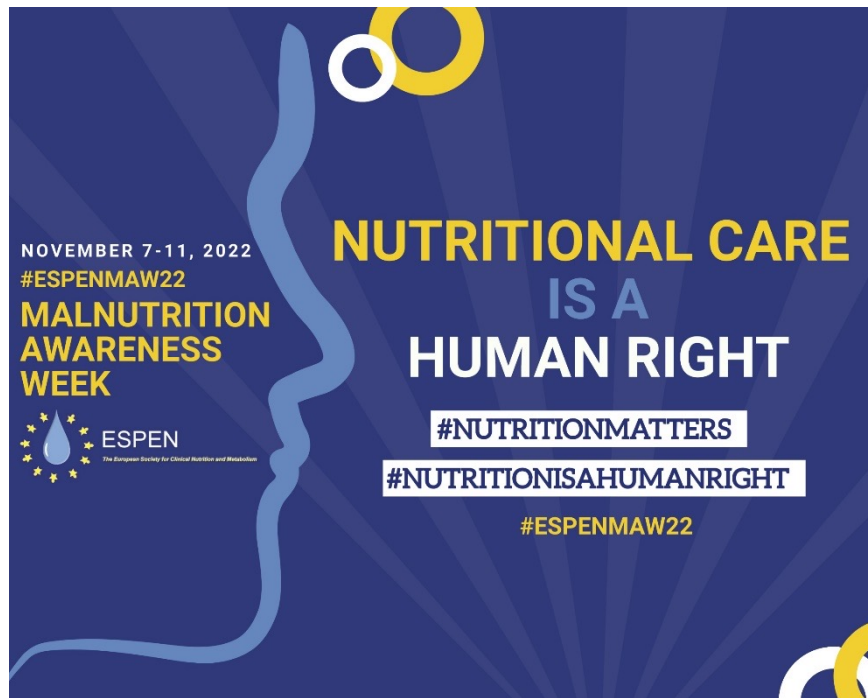
Silvia Tarantino

*ESPEN MAW Manager
nutritionDay worldwide manager*



ESPEN MALNUTRITION AWARENESS WEEK (MAW)

2022



2023



Working together against disease related malnutrition.



ESPEN MAW: 80 COUNTRIES PARTICIPATING

ESPEN MAW 2023
80 Countries
worldwide!

Visitedplaces.org

NOVEMBER 11-15, 2024

#ESPENMAW24

MALNUTRITION AWARENESS WEEK



ESPEN

*The European Society for
Clinical Nutrition and Metabolism*



Working together against disease-related malnutrition

NOVEMBER 11-15, 2024

#ESPENMAW24

MALNUTRITION AWARENESS WEEK



ESPEN

The European Society for
Clinical Nutrition and Metabolism



Working together against disease-related malnutrition

ESPEN MAW AIMS

NOVEMBER 11-15, 2024

#ESPENMAW24

**MALNUTRITION
AWARENESS
WEEK**



**RAISE AWARENESS
FOR DISEASE-
RELATED
MALNUTRITION**

HCPs
Patients/Family
Students
Policy makers
General Audience



**PROVIDE
EDUCATIONAL
MATERIAL**

Webinars
Fact sheets



**TEAMWORK
WITH PEN
SOCIETIES
AND ONCA**

Synergize
campaigns to
maximize
impact of MAW
worldwide



**COLLABORATION
WITH NON
NUTRITION
SOCIETIES**

Increase
knowledge in
specific diseases;
Reach out to other
communities of
HCPs



**PATIENTS
INVOLVEMENT**

Bring patients
perspective and
needs to improve
nutritional care
provided



**CREATION OF A
SOLID MAW
NETWORK**

Interdisciplinary
network to
advocate for
transformative
actions



ESPEN WEBSITE MAW PAGE

ESPEN provides a **toolbox** which can be used to run a **local MAW campaign** by all **PEN Societies and Healthcare Institutions**

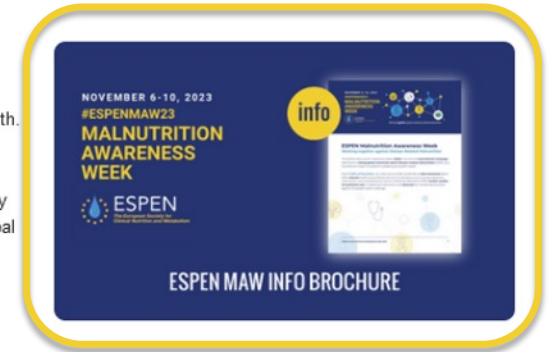


ESPEN Malnutrition Awareness Week 2023

The ESPEN Malnutrition Awareness Week (MAW) is an annual international campaign dedicated to raising global awareness about disease-related malnutrition (DRM), and its profound impact on patient's wellbeing and public health.

From 6-10th of November, we unite communities worldwide to raise awareness about DRM, educate healthcare professionals from all disciplines ensuring early detection, intervention, and comprehensive care for individuals affected by DRM, monitor quality of nutritional care in healthcare institutions, and advocate for transformative action against this global health challenge.

Explore the activities and webinars organized by ESPEN for this year and find out how to take part to the MAW in your institution or country.



MAW Press Kit

Please find the [Media press template](#) for dissemination to local medias in national language. Translate the press release in your local language and contact local media for dissemination of the MAW in your country.



MAW Videos

We interviewed representatives of the PEN Societies part of ESPEN. They informed us on their planned activities during the ESPENMAW23. [Share them on your social media.](#)



MAW Social Media Campaign

Share and disseminate the [#ESPENMAW23 campaign](#) on your preferred social media platform. The ESPENMAW campaign is available in Spanish as well.



ESPEN Fact Sheets

ESPEN has a communication channel, not only with its members, but also with other people interested in clinical nutrition and metabolism. Therefore, we want to share with you the [ESPEN fact sheets](#).



MAW Webinars

Take part in the organized [ESPENMAW23](#)



ESPENMAW Calendar

[Save the Dates](#)



nutritionDay

www.nutritionDay.org

ESPEN WEBSITE MAW PAGE - TOOLBOX



Maw Press Kit

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ESPENMAW Calendar

[Save the Dates](#)



nutritionDay

www.nutritionDay.org

ESPEN MAW: WEBINARS



MAW Webinars

NETWORKING
with HCPs from
other specialties



ESPEN MAW: WEBINARS





ESPEN Webinar
**Nutrition and cancer:
it is time to act**

November 6th, 2023
3.00 – 4.00 pm CET (GMT +1)



NOVEMBER 6-10, 2023
#ESPENMAW23
MALNUTRITION
AWARENESS
WEEK

448 participants

(1131 registered)

SCIENTIFIC PROGRAM

- 3.00 pm **Nutrition and cancer: why now**
Alessandro Laviano (University La Sapienza Rome, Italy)
Political Representative TBC
- 3.10 pm **Implementing ESPEN and ESMO guidelines in daily practice:
the last mile to walk?**
Jann Arends (Universitätsklinikum Freiburg, Germany)
- 3.20 pm **The access to nutritional care in cancer patients:
a neglected human right**
Diana Cárdenas (Gustave Roussy Cancer Center Paris, France)
- 3.30 pm **Working together to improve quality of care for cancer patients:
the ECO experience**
Mike Morrissey (Chief Executive, European Cancer Organisation Belgium)
- 3.40 pm **Wrap up and conclusions**
Alessandro Laviano (University La Sapienza Rome, Italy)
- 3.50 pm **Q&A**

Webinar organized in collaboration with




FREE REGISTRATION

Online registration at www.espen.org



ESPEN Webinar
**Optimizing nutrition
in renal patients:
the challenge of complexity**

November 8th, 2023
3.00 – 4.00 pm CET (GMT +1)



NOVEMBER 6-10, 2023
#ESPENMAW23
MALNUTRITION
AWARENESS
WEEK

392 participants

(994 registered)

SCIENTIFIC PROGRAM

Moderators: *Giorgina Piccoli (France), Tommy Cederholm (Sweden)*

- 3.00 pm **Multifactorial pathways to malnutrition in kidney disease**
Adamasco Cupisti (University of Pisa, Italy)
- 3.15 pm **Optimal nutrition in older adults with chronic kidney disease**
Giorgina Piccoli (Centre Hospitalier Le Mans - France)
- 3.30 pm **Obesity and chronic kidney disease**
Rocco Barazzoni (ESPEN Chairman)
- 3.45 pm **Q&A**

Webinar organized in collaboration with




FREE REGISTRATION

Online registration at www.espen.org

68 COUNTRIES

Algeria - Saudi Arabia - Argentina - Austria - Belgium-Bosnia and Herzegovina-Brazil-Bulgaria-Cambodia-Canada-Chile-Cyprus-Colombia-Costa Rica-Croatia-Ecuador-Egypt-El Salvador-United Arab Emirates-Estonia-Finland-France- Germany-Ghana-Japan-Greece-Honduras-India-Indonesia-Ireland-Israel-Italy-Kazakhstan-Kenya-Kuwait-Latvia-Lebanon-Libya-Malawi-Malaysia-Mexico-Nigeria-Norway-Netherlands-Pakistan-Panama-Peru-Poland-Portugal-Qatar-Hong Kong SAR-nited Kingdom-Republic of Moldova-Dominican Republic-Romania-Serbia-Singapore-Slovenia-Spain-Sri Lanka-United States-South Africa-Sweden-Switzerland-Thailand-Tanzania-Palestinian Territories -Turkey-Vietnam





ESPEN

The European Society for
Clinical Nutrition and Metabolism

optimal
nutritional care
for all

Digestive diseases



UNITED EUROPEAN
GASTROENTEROLOGY

ueg

NOVEMBER 11-15, 2024
#ESPENMAW24

**MALNUTRITION
AWARENESS
WEEK**

WEBINAR on NOV 11th

Enteral access: overview
and practices

Collaboration to experts in
digestive diseases

Q&A nutritional needs of
IBD patients

Working together against disease-related malnutrition

ESPEN WEBSITE MAW PAGE - TOOLBOX



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ESPENMAW Calendar

[Save the Dates](#)



nutritionDay

www.nutritionDay.org

ESPEN MAW: Social Media Campaign



VIDEO INTERVIEWS

NUTRITION AND CANCER
It is time to act. Nutritional care matters.
15-40% Malnutrition prevalence at the diagnosis of cancer
Malnutrition is associated with:
• reduced physical function
• impaired quality of life

DISEASE RELATED MALNUTRITION IN KIDNEY PATIENTS
The challenge of complexity. Nutritional care matters.
Chronic kidney disease (CKD)
Defined as estimated glomerular filtration rate <60 ml/min, or presence of other data suggestive of kidney dysfunction (urinary or blood electrolytes; proteinuria; hematuria) or of renal imaging alterations, lasting for at least 3 months.
Prevalence of CKD increases with age over 20% >70 years-old
8-12% lives with kidney replacement therapy (dialysis or kidney transplantation)
1/1000

MALNUTRITION IN CKD
10-50% Prevalence depends upon the different populations, and to some extent upon definitions; it increases with/affected by:
Age Comorbidities Frailty
Use tools for diagnosis of malnutrition in clinical practice, which should be always completed with full nutritional assessment.
GLIM CRITERIA MALNUTRITION INFLAMMATION SCORE (MIS)
Malnutrition, sarcopenia, or protein energy wasting (PEW) are associated with high mortality, both in dialysis and CKD patients.

5 PRINCIPLES
1. Position oncology nutrition at the center of a multidisciplinary care
2. Partner with clinical administrators nutritional care the multidisciplinary cancer care
Prado CM et al. Support Care Cancer. 2022 Aug;30(8):1211-1221. doi: 10.1007/s00520-022-06811-9. Epub 2022 Aug 11.
Arends J, Bachmann D, Baracos V, et al. Clin Nutr. 2023;42(4):642-657. doi:10.1016/j.clnu.2023.01.018

FACT SHEETS

MALNUTRITION MAY WORSEN YOUR DISEASE
ASK YOUR DOCTOR IF YOU EXPERIENCE THESE SIGNS AND SYMPTOMS: UNUSUAL WEIGHT LOSS, ANOREXIA, FATIGUE, WEAKNESS, SLOW HEALING, FALLS, INCREASED HOSPITAL ADMISSIONS, INCREASED MORTALITY.

CONSEQUENCES OF CRM
• INCREASED MORTALITY
• INCREASED HOSPITAL ADMISSIONS
• INCREASED LENGTH OF STAY
• INCREASED COSTS
• INCREASED COMPLICATIONS
• INCREASED DELIRIUM
• INCREASED FALLS
• INCREASED WOUND HEALING PROBLEMS

UNTREATED MALNUTRITION HAS MULTIPLE EFFECTS ON PATIENTS AND ON THE HEALTHCARE SYSTEM

40% OF PATIENTS ADMITTED TO THE HOSPITAL ARE ALREADY MALNOURISHED
#MOREATTENTIONTOCRM

WORKING TOGETHER AT POLITICAL LEVEL TO RECOGNIZE MALNUTRITION AS A DISEASE
#POLICY2023 #MARI2023 #MORTALITYOFCRM

MOTTOS

Mid October NOVEMBER ESPEN MAW

ESPEN MAW: Video interviews with PEN Societies



MAW videos

PEN SOCIETIES

ERA and ECO

ONCA

WHO

NEMS

nutritionDay

- Informative on local campaigns
- Short clear and concise
- For social media use
- Published prior MAW (build up)
- Can be in local language

ESPEN MAW: Patient's perspective on nutrition and recovery



NUTRITION AND CANCER
It is time to act. Nutritional care matters.

15-40% Malnutrition prevalence at the diagnosis of cancer

Malnutrition is associated with:

- reduced physical function
- impaired quality of life
- dose-limiting toxicities and reduced treatment response
- risks for surgical complications
- reduced survival
- increased hospital length of stay and higher risks for unplanned hospitalizations/readmissions

Specific cancer types such as pancreas, lung, digestive cancer, have been associated with a higher risk of malnutrition

The incidence of malnutrition increases during oncological treatments to **40-80%**

Early nutrition screening/assessment and intervention are associated with improved patient outcomes.

Cancer requires multimodal care that integrates supportive interventions specifically:

- nutrition and exercise to improve:
 - nutrient intake
 - muscle mass
 - physical functioning
 - quality of life
 - treatment outcomes

Include a dietary counselling by a nutrition professional (avoid unnecessary dietary restrictions), followed by medical nutritional therapy (ONS, tube feeding and parenteral nutrition, if needed).

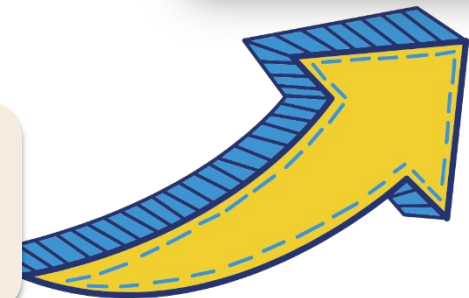
5 PRINCIPLES TO OPTIMIZE CLINICAL ONCOLOGY PRACTICE:

- 1.** Position oncology nutrition at the center of a multidisciplinary care
- 2.** Partner with colleagues and administrators to integrate a nutritional care process into the multidisciplinary cancer care approach
- 3.** Screen all patients for malnutrition risk at diagnosis and regularly throughout treatment
- 4.** Combine exercise and nutrition interventions before, during, and after treatment as oncology standard of care to optimize nutrition status and muscle mass
- 5.** Incorporate a patient-centered approach into multidisciplinary care

Proble DM et al. Support Care Cancer 2022 Apr 30;30(5):2073-2082. doi: 10.1007/s00520-021-06461-4. Review. P. J. Clin. Med. 2019;8(12):1. doi: 10.3390/clin812111. Article. J. Bachmann T. Bielewicz K. et al. Clin Nutr 2017;36(1):14-22. doi: 10.1016/j.clnu.2016.07.015.

ESPEN MAW 2024

How to create more effective and supportive nutritional interventions for DRM patients ?



ESPEN FACT SHEETS and MOTTOS/POSTS

NUTRITION AND CANCER

It is time to act. Nutritional care matters.

15-40%
Malnutrition prevalence at the diagnosis of cancer

Specific cancer types such as **pancreas, lung, digestive cancer**, have been associated with a higher risk of malnutrition

The incidence of malnutrition increases during oncological treatments to **40-80%**

Cachexia is a frequent problem of cancer patients
tumor-induced activation of inflammatory pathways triggers a **wasting response** characterized by:
• anorexia
• altered metabolism
• involuntary loss of lean and fat mass

Malnutrition is associated with:
• reduced physical function
• impaired quality of life
• dose-limiting toxicities and reduced treatment response
• risks for surgical complications
• reduced survival
• increased hospital length of stay and higher risks for unplanned hospitalizations/readmissions

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Pharis DM et al. Support Care Cancer. 2022 Apr;30(4):2679-3068. doi: 10.1007/s00520-021-16661-4. Ravasco P. J. Clin. Med. 2019;8(12):1. doi: 10.3390/jcm8121111. Arends J, Bachmann P, Baracos V, et al. Clin Nutr. 2017;36(1):11-48. doi:10.1016/j.clnu.2016.07.015

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8-12% Prevalence of CKD increases with age over 30% >70 years-old

1/1000 lives with kidney replacement therapy (dialysis or kidney transplantation)

Malnutrition in CKD

Prevalence depends upon the different populations, and to some extent upon definitions
It increases with/affected by:
• Age
• Comorbidities
• Frailty

Severity of CKD: Availability, quality and access to kidney care and nutritional care

2 MAIN CAUSES OF MALNUTRITION IN CKD
malnutrition induced by uremia-related metabolic derangements and exacerbated by insufficient or too late dialysis in kidney failure; this form is improved by intensive-efficient dialysis
malnutrition linked to comorbidity, inflammation, atherosclerosis (optimal nutritional care is the basis of treatment, which may require multimodality with physical activity)

Use tools for diagnosis of malnutrition in clinical practice, which should be always completed with full nutritional assessment.

GLIM CRITERIA
MALNUTRITION INFLAMMATION SCORE (MIS)

Malnutrition, sarcopenia, or protein energy wasting (PEW) are associated with high mortality, both in dialysis and CKD patients

Nutritional goals in CKD patients

IN A STABLE METABOLIC AND NUTRITIONAL SITUATION
maintain homeostasis and delay progression. Dietary adaptations

IN MALNUTRITION OR AT NUTRITIONAL RISK
prevent and treat nutritional/catabolic alterations (PEW). Medical nutritional treatment

Special Considerations for Elderly CKD patients

AGE + CKD
AN "OLDER" PATIENT WHO ALSO HAS CKD risk of malnutrition is the highest; maintaining good nutritional status is a priority; maintain adequate dietary intake

CKD + AGE
A CKD PATIENT WHO IS ALSO "OLD" mortality and morbidity risk on dialysis are highest; being dialysis free is a priority; advantage of wise protein restrictions

Piccoli GB, Cederholm T, Anaveas CM, et al. Clin Nutr. 2022;41(4):443-457. doi:10.1016/j.clnu.2022.01.218. Kucen TA, et al. Am J Kidney Dis. 2020;74(3):349-357. doi:10.1053/j.ajkd.2020.05.004. Faccadori R, Subitino A, Barazzoni R, et al. Clin Nutr. 2021;40(4):1644-1668. doi:10.1016/j.clnu.2021.01.028

NOVEMBER 6-10, 2023
#ESPENMAW23
MALNUTRITION AWARENESS WEEK

ESPEN
The European Society for Clinical Nutrition and Metabolism

SIGNS OF MALNUTRITION

- UNINTENTIONAL WEIGHT LOSS
- REDUCED APPETITE OR FOOD INTAKE
- FEELING TIRED
- MUSCLE LOSS OR WEAKNESS

MALNUTRITION WORSENS YOUR DISEASE

TALK TO YOUR DOCTOR IF YOU EXPERIENCE THESE SYMPTOMS WHEN YOU HAVE AN ACUTE OR CHRONIC DISEASE

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CONSEQUENCES OF DRM



- INFECTIONS AND COMORBIDITIES
- WOUND HEALING
- TREATMENT NEEDS
- LENGTH OF HOSPITAL STAY
- HIGHER COSTS
- IMPAIRED RECOVERY
- QUALITY OF LIFE
- HIGHER MORTALITY

UNTREATED MALNUTRITION HAS MULTIPLE EFFECTS ON PATIENTS AND ON THE HEALTHCARE SYSTEM

#ESPENMAW23


ESPEN FACT SHEETS and MOTTOS/POSTS

15-40%
Malnutrition prevalence at the diagnosis of cancer

Specific cancer types such as **pancreas, lung, digestive cancer**, have been associated with a **higher risk of malnutrition**

The incidence of malnutrition increases during oncological treatments to **40-80%**



Malnutrition in CKD

10-50%
Prevalence depends upon the different populations, and to some extent upon definitions

it increases with/affected by:



Age Comorbidities Frailty


Severity of CKD Availability, quality and access to kidney care and nutritional care

MALNUTRITION WORSENS YOUR DISEASE

TALK TO YOUR DOCTOR IF YOU EXPERIENCE THESE SYMPTOMS WHEN YOU HAVE AN ACUTE OR CHRONIC DISEASE

#ESPENMAW23

SIGNS OF MALNUTRITION




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REDUCED APPETITE OR FOOD INTAKE

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CONSEQUENCES OF DRM



INFECTIONS AND COMORBIDITIES

WOUND HEALING

TREATMENT NEEDS

LENGTH OF HOSPITAL STAY

HIGHER COSTS

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QUALITY OF LIFE

HIGHER MORTALITY

UNTREATED MALNUTRITION HAS MULTIPLE EFFECTS ON PATIENTS AND ON THE HEALTHCARE SYSTEM

#ESPENMAW23

ESPEN FACT SHEETS

NUTRITION AND CANCER

It is time to act. Nutritional care matters.

15-40% Malnutrition prevalence at the diagnosis of cancer

Malnutrition is associated with:

- reduced physical
- impaired quality of
- dose-limiting toxic
- reduced treatment
- risks for surgical
- reduced survival
- increased hospital and higher risks for hospitalizations

Specific cancer types such as **pancreas, lung, digestive cancer**, have been associated with a higher risk of malnutrition

The incidence of malnutrition increases during oncological treatments to **40-80%**

Early nutrition screening/assessment and intervention are associated with improved patient outcomes.

Cancer requires multimodal care that integrates supportive interventions specifically:

Cachexia is a frequent problem of cancer patients

tumor-induced activation of inflammatory pathways triggers a wasting response characterized by:

- anorexia
- altered metabolism
- involuntary loss of lean and fat mass

nutrition and exercise

- to improve
- nutrient intake
- muscle mass
- physical functioning
- quality of life
- treatment outcomes

Include a dietary counseling by a nutrition professional (unnecessary dietary restrictions), followed by medical therapy (ONS, tube feeding and parenteral nutrition)

5 PRINCIPLES TO OPTIMIZE CLINICAL ONCOLOGY PRACTICE

- Position oncology nutrition at the center of a multidisciplinary care
- Partner with colleagues and administrators to integrate a nutritional care process into the multidisciplinary cancer care approach
- Screen all patients for malnutrition risk at diagnosis and regularly throughout treatment
- Combine exercise and nutrition interventions before, during, and after treatment as oncology standard of care to optimize nutrition status and muscle mass

Phaidon CM et al. Support Care Cancer. 2022 Apr;30(4):3073-3083. doi: 10.1007/s00520-021-06661-4.
 Ravasco P. J. Clin. Med. 2018;7:111. doi: 10.3390/clin7080111.
 Arends J, Bachmann P, Baracos V et al. Clin Nutr. 2017;36(1):11-48. doi:10.1016/j.clnu.2016.07.015

DISEASE RELATED MALNUTRITION IN KIDNEY PATIENTS

The challenge of complexity. Nutritional care matters.

Chronic kidney disease (CKD)

Defined as estimated glomerular filtration rate <60 ml/min, or presence of other data suggestive of kidney dysfunction (urinary or blood electrolytes, proteinuria; hematuria) or of renal imaging alterations, lasting for at least 3 months.

8-12% Prevalence of CKD increases with age over 30 >70 years-old

1/1000 lives with kidney replacement therapy (dialysis or kidney transplantation)

Malnutrition in CKD

Prevalence depends upon the different populations, and to some extent upon definitions. It increases with/affected by:

- Age
- Comorbidities
- Fragility

Use tools for diagnosis of malnutrition in clinical practice, which should be always completed with full nutritional assessment.

GLIM CRITERIA

MALNUTRITION INFLAMMATION SCORE (MIS)

Severity of CKD

Availability, quality and access to kidney care and nutritional care

2 MAIN CAUSES OF MALNUTRITION IN CKD

- malnutrition induced by uremia-related metabolic derangements and exacerbated by insufficient or too late dialysis in kidney failure; this form is improved by intensive-efficient dialysis
- malnutrition linked to comorbidity, inflammation, atherosclerosis (optimal nutritional care is the basis of treatment, which may require multimodality with physical activity)

Malnutrition, sarcopenia, or protein energy wasting (PEW) are associated with high mortality, both in dialysis and CKD patients

Nutritional goals in CKD patients

IN A STABLE METABOLIC AND NUTRITIONAL SITUATION

- maintain homeostasis and delay progression. Dietary adaptations

IN MALNUTRITION OR AT NUTRITIONAL RISK

- prevent and treat nutritional/catabolic alterations (PEW). Medical nutritional treatment

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 Kitzler TA, et al. Am J Kidney Dis. 2020;75(5):760-769. doi:10.1053/j.ajkd.2020.05.008.
 Faccadoni E, Sabatino A, Barazzoni R, et al. Clin Nutr. 2021;40(4):1644-1648. doi:10.1016/j.clnu.2021.01.028

DISEASE RELATED MALNUTRITION (DRM)

A neglected threat for every patient, nutritional care matters.

WHAT IS DRM?

A condition from the lack of intake or utilization of nutrients during any disease state resulting in weight loss, loss of skeletal muscle, physical and mental dysfunctions, and worse clinical outcome

PREVALENCE OF HOSPITAL DRM

24% of the patients at hospital admission are found at risk for malnutrition.

- 37% in older than 70 years
- 25% in oncology
- 29% in cardiac diseases
- 28% in respiratory diseases
- 27% in gastroenterology
- 27% in internal medicine

CONSEQUENCES OF DRM

INFECTIONS AND COMORBIDITIES, WOUNDS HEALING, TREATMENT NEEDS, LENGTH OF HOSPITAL STAY, COSTS, IMPAIRED RECOVERY, QUALITY OF LIFE, MORTALITY

GLIM criteria for the diagnosis of malnutrition

A consensus report from the global clinical nutrition community

WHAT IS GLIM?

The Global Leadership Initiative on Malnutrition (GLIM) focuses on building a global consensus around core diagnostic criteria for malnutrition in various clinical settings.

2- STEPS

- 1. SCREENING**
 - Professors perform screening by any validated screening tool to identify patients "at risk for malnutrition"
- 2. DIAGNOSIS**
 - Assessment for diagnosis using GLIM criteria
 - But grade the severity of malnutrition

GLIM DIAGNOSTIC CRITERIA

Malnutrition is diagnosed if a patient meets 1 or more of the following criteria:

Phenotypic Criteria

- >5% weight past 6 months or >1% beyond 6 months
- <20 g protein per kg
- Low BMI:
 - <20 g protein per kg
 - Asia: <18.5 g protein per kg
 - <20 g protein per kg

Reduced by validated body composition measuring techniques

Etiologic Criteria

- >50% of B₁₂ <1 week, or any reduction for 2 weeks, or any chronic GI condition that adversely impacts food absorption or absorption
- Acute disease/injury or chronic disease-related

nutritionDay (nDay)

An international audit to benchmark nutrition care in healthcare institutions

71 COUNTRIES >1000 UNITS 28000 PATIENTS AND RESIDENTS

What is nDay?

nDay is a 1-day cross-sectional study on nutritional care conducted in worldwide hospitals and nursing homes every year in NOVEMBER.

nDay key elements

- REPORT HIGHLIGHTS QUALITY INDICATORS OF NUTRITION CARE IN THE UNIT
- THE REPORT UNIT DATA ARE COMPARED TO A BENCHMARK ESTABLISHED BY THE SAME UNIT SPECIALTY
- REPEATED PARTICIPATION TO nDay IS ENCOURAGED AND REWARDS OF ACHIEVEMENTS ARE GIVEN TO THE UNIT
- AIMS:
 - Identify areas to raise awareness and improve quality of nutrition care
 - Identify areas to raise awareness and improve quality of nutrition care
 - Identify areas to raise awareness and improve quality of nutrition care

Nutritional risk screening

Identification of malnutrition risk in patients based on scoring systems as first step in fighting disease related malnutrition

The purpose of nutritional risk screening is to predict the probability of a better or worse outcome related to nutritional factors and whether nutritional treatment is likely to influence this.

Hospital and healthcare organizations should have a policy and protocols for identifying patients at nutritional risk, leading to appropriate nutritional care.

A patient screened at risk for malnutrition needs to be diagnosed with GLIM criteria and his/her nutritional status assessed

ESPEN Recommended Screening Tools

- Malnutrition Universal Screening Tool (MUST)
- Nutritional Risk Screening (NRS-2002)
- Short Nutritional Assessment Questionnaire (SNAQ)

Other Validated Screening Tools

NUTRITIONAL CARE IS A HUMAN RIGHT

The International Declaration on the Human Right to Nutritional Care "Vienna Declaration"

RIGHT TO FOOD

the right to adequate food and food security, from hunger and malnutrition

RIGHT TO NUTRITIONAL CARE

the right to adequate food and food security, from hunger and malnutrition

RIGHT TO HEALTH

the right to the highest attainable standard of physical and mental health

ESPEN Diploma in Clinical Nutrition

Advanced education in clinical nutrition and metabolism for health specialists through the LLL program

1 Register and login

Register for free at www.espen-nutrition.com with your credentials for members

2 Choose online courses of interest

Choose among 40 topics, modules or 20 your favorite field of interest

3 Attend online courses

Online Courses offer self-paced activities. Complete all module parts to receive credits

4 Each live course (4h) consists of 4 lectures, a clinical case, a Q&A session and a test

5 120 MODULES GROUPED IN 40 TOPICS

6 Credits for ESPEN Diplomas

Online course: 3 credits
 Live course: 4 credits
 After passing a test

7 Final Test and Certificate

Successful completion of the final exam awards 24 credits from the ESPEN Diploma Certificate

SARCOPENIC OBESITY + SARCOPENIA = SAR

ESPEN and EASO consensus definition and diagnosis

3 STEPS IDENTIFICATION

- 1 Screening**
 - 1. HIGH BMI or WC (based on ethnic cut points)
 - 2. SURROGATE PARAMETERS FOR SARCOPENIA (clinical symptoms, clinical function or questionnaire (e.g. SARC) in older subjects)

Both conditions (1+2) must be present to proceed with diagnosis
- 2 Diagnosis**
 - 1. ALTERED SKELETAL MUSCLE FUNCTIONAL PARAMETERS (SARCOPENIA)
 - 2. ALTERED BODY COMPOSITION (Low mass (FM) and muscle mass (LM) or ALM or SMM by DXA)

Both conditions (1+2) must be present to assess the presence of sarcopenic obesity (SO)
- 3 Staging**
 - 1. A non-validated STAGING based on complications from 1 FM and 2 LM - STAGE 1: NO complications
 - 2. STAGE 2: LM and 1 FM or 2 LM - STAGE 3: LM and 2 FM (e.g. metabolic disease, functional disabilities, cardiovascular and respiratory diseases)

ESPEN MAW: Fact sheets and mottos TRANSLATED

HAIGUSPUHUNE ALATOITUMUS
Teadvustamata risk patsientidele, mispuhul toitmisravi rakendamine on tulemuslik.

MIS SEE ON?
Haiguspuhune alatoitumus on mistahes haiguse või ravi ajal esinev olukord, kus toitaineid vähesest saamisest või kasutamistest tekib tahtmatu kehakaalu langus, skeletilihaste kadu, kehalise või vaimse võimekuse vähenemine ning mille tõttu halvenevad ravitulemused

HAIGUSPUHUSE ALATOITUMUSE LEVIMUS HAIGLAS
kuni **24%** kõikidest patsientidest on haiglasse vastuvõtmisel alatoitumuses¹

- 37%** vanuse korral üle 70 aasta²
- 35%** onkoloogias³
- 29%** südamehaiguste korral⁴
- 28%** kopsuhaiguste korral⁵
- 27%** gastroenteroloogias⁶
- 27%** sisehaiguste korral⁷

9,6% patsientidel, kes on haiglasse vastuvõtmisel heas tootumuses, tekib alatoitumus haiglaravi ajal⁸

HAIGUSPUHUSE ALATOITUMUSE TAGAJÄRJED

- INFEKTSIOONID JA HAIGESTUMINE
- HAAVAPARANEMINE
- RAVIVAJADUS
- HAIGLARAVI PIKKUS
- RAVIKULUD
- TAASTUMINE
- ELUKVALITEET
- SUREMUS

HAIGUSISENEST
Puudulik toitmisravi, Hormonaalsed muutused, Ainevahetuslikud muutused, Vananemine, Vähenenud kehaline aktiivsus, Teadmatus, Isutus

HAIGUSPUHUSE ALATOITUMUSE PÕHJUSED

¹ Cederholm T, et al. Clin Nutr. 2017 Feb;36(1):49-64. doi: 10.1016/j.clnu.2016.09.004.
² Alvarez-Hernandez J, et al. Nutr Hosp. 2012. pii=S0924-6460(12)1049-59. doi: 10.33054/nh.2012.27.4.3986.
³ Krutzenga H, Am J Clin Nutr. 2016 Apr;103(4):1026-32. doi: 10.3945/ajcn.115.126615.

NOVEMBER 6-10, 2023
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MALNUTRITION AWARENESS WEEK

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SIGNOS DE DESNUTRICIÓN

- PÉRDIDA DE PESO NO INTENCIONADA
- MEJOR APETITO O INGESTA
- CANSANCIO
- PERDIDA DE MÚSCULO O DEBILIDAD

LA DESNUTRICION EMPEORA TU ENFERMEDAD

HABLA CON TU MÉDICO SI NOTAS ALGUNO DE ESTOS SINTOMAS CUANDO TIENES UNA ENFERMEDAD AGUDA O CRÓNICA

#ESPENMAW23

NOΕΜΒΡΙΟΣ 6-10, 2023
#ESPENMAW23
ΕΒΔΟΜΑΔΑ ΕΥΑΙΣΘΗΤΟΠΟΙΗΣΗΣ ΓΙΑ ΤΗ ΔΥΣΘΡΕΨΙΑ

ESPEN
The European Society for Clinical Nutrition and Metabolism

30% ΤΩΝ ΕΥΡΩΠΑΪΚΩΝ* ΙΑΤΡΙΚΩΝ ΣΠΟΥΔΩΝ ΔΕΝ ΣΥΜΠΕΡΙΛΑΜΒΑΝΟΥΝ ΕΚΠΑΙΔΕΥΣΗ ΣΤΗΝ ΚΛΙΝΙΚΗ ΔΙΑΤΡΟΦΗ

ΠΕΡΙΣΣΟΤΕΡΗ ΔΙΑΤΡΟΦΙΚΗ ΕΚΠΑΙΔΕΥΣΗ ΣΤΙΣ ΙΑΤΡΙΚΕΣ ΣΧΟΛΕΣ #ESPENMENS

NOVEMBER 6-10, 2023
#ESPENMAW23
ALATOITUMUSE TEADLIKKUSE NÄDAL

ESPEN
The European Society for Clinical Nutrition and Metabolism

Koostöö haiguspuhuse alatoitumuse vähendamiseks



WHICH OF THE PRESENTED ESPEN TOOLS WOULD YOU USE IN SUPPORT OF YOUR LOCAL MAW?

1. MAW brochure
2. MAW Press Kit
3. Webinars
4. Video Interviews
5. Fact sheets
6. Motto/Posts

slido



WHICH OTHER TOOLS CAN BE DEVELOPPED AS COLLABORATION BETWEEN ESPEN AND PEN SOCIETIES AND ONCA TEAMS?

ⓘ Start presenting to display the poll results on this slide.

nutritionDay

Benchmark and monitor the nutritional care in your healthcare institution

**SAVE
THE DATE**

**14
NOV
nDay
2024**

74 Countries
+300000 Patients
and Residents
+30 Languages

Unit graphical report
Worldwide comparison
Quality indicators
Certificate

Join the worldwide 1-day audit on nutritional care
Together for a better nutritional care



Hospital



Oncology



ICU



Nursing
Homes



Primary
Care



Surgery



74 Countries
Worldwide

15000+ Units

300000+ Patients and
Residents

healthcare institutions
 nDay is performed in hospitals and nursing homes
 and primary care

1-day audit

Data collection takes place every year in November on one scheduled day (nDay) worldwide + **OUTCOME**



free and easy

All documents are downloadable for nDay website
 No special knowledge is needed for the implementation of the project



Unit report

with unit data compared to a worldwide reference for benchmarking and monitoring over time



Anonymity

Name and details of the participating centers and units are encoded.



nDay key elements

No language barrier

questionnaires are available +35 languages thus enabling inclusion of minority groups of patients



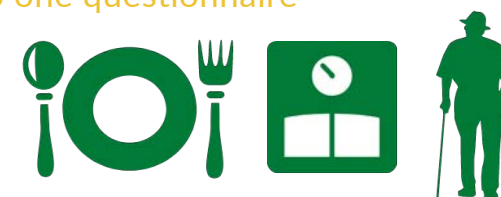
Patient centered

Patients are directly involved in responding to one questionnaire



Caregiver feedback

On patient's nutritional status, disease and outcome
 Unit structure/process



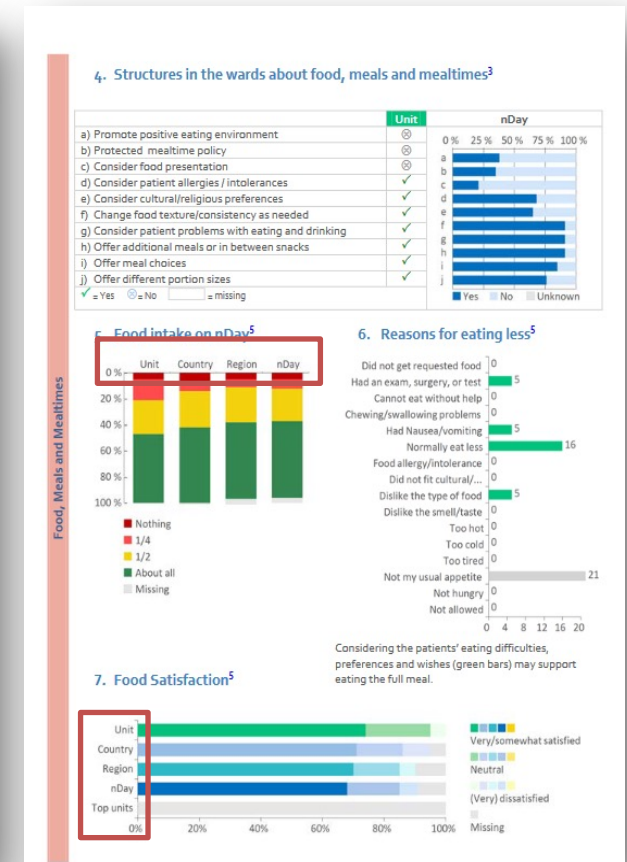
BENCHMARKING WITH NUTRITIONDAY



Unit report

- Multidata graphical report
- Compares unit's results to a worldwide reference.
- Quality indicators of nutrition care in the unit.
- Benchmarking

| II. YOUR PATIENTS ("Sheet 2"): | UNIT RESULTS | REFERENCE RESULTS |
|---|--------------|-------------------|
| Number of patients (n): | | |
| Total | 28 | 1705 |
| Patients who completed sheet 3a | 27 (96,4%) | 1525 (89,4%) |
| Patients who completed sheet 3b | 27 (96,4%) | 1416 (83,0%) |
| Demographic data: | | |
| Age (years) | 77 [18-92] | 69 [3-104] |
| Female gender | 15 (53,6%) | 878 (51,5%) |
| Weight (kg) | 70,3 ± 13,5 | 69,1 ± 18,8 |
| Height (cm) | 166,6 ± 11,0 | 163,8 ± 11,6 |
| BMI (kg/m2) | 25,3 ± 4,4 | 25,4 ± 5,4 |
| ICU-stay: | | |
| Any ICU-stay | 2 (7,14%) | 85 (4,99%) |
| Surgery (n): | | |
| Preoperative patients | 4 (14,3%) | 269 (15,8%) |
| Postoperative patients | 19 (67,9%) | 1058 (62,1%) |
| Length of stay in Hospital (days): | 14 [3-148] | 14 [2-241] |
| Outcome after 30 days (n): | | |
| Still in hospital | 5 (17,9%) | 212 (12,4%) |
| Transferred to another hospital | - | 65 (3,81%) |
| Transferred to long-term care | 1 (3,57%) | 85 (4,99%) |
| Rehabilitation | 8 (28,6%) | 191 (11,2%) |
| Discharge home | 13 (46,4%) | 1067 (62,6%) |
| Death | 1 (3,57%) | 19 (1,11%) |
| Others | - | 47 (2,76%) |
| Missing | - | 19 (1,11%) |

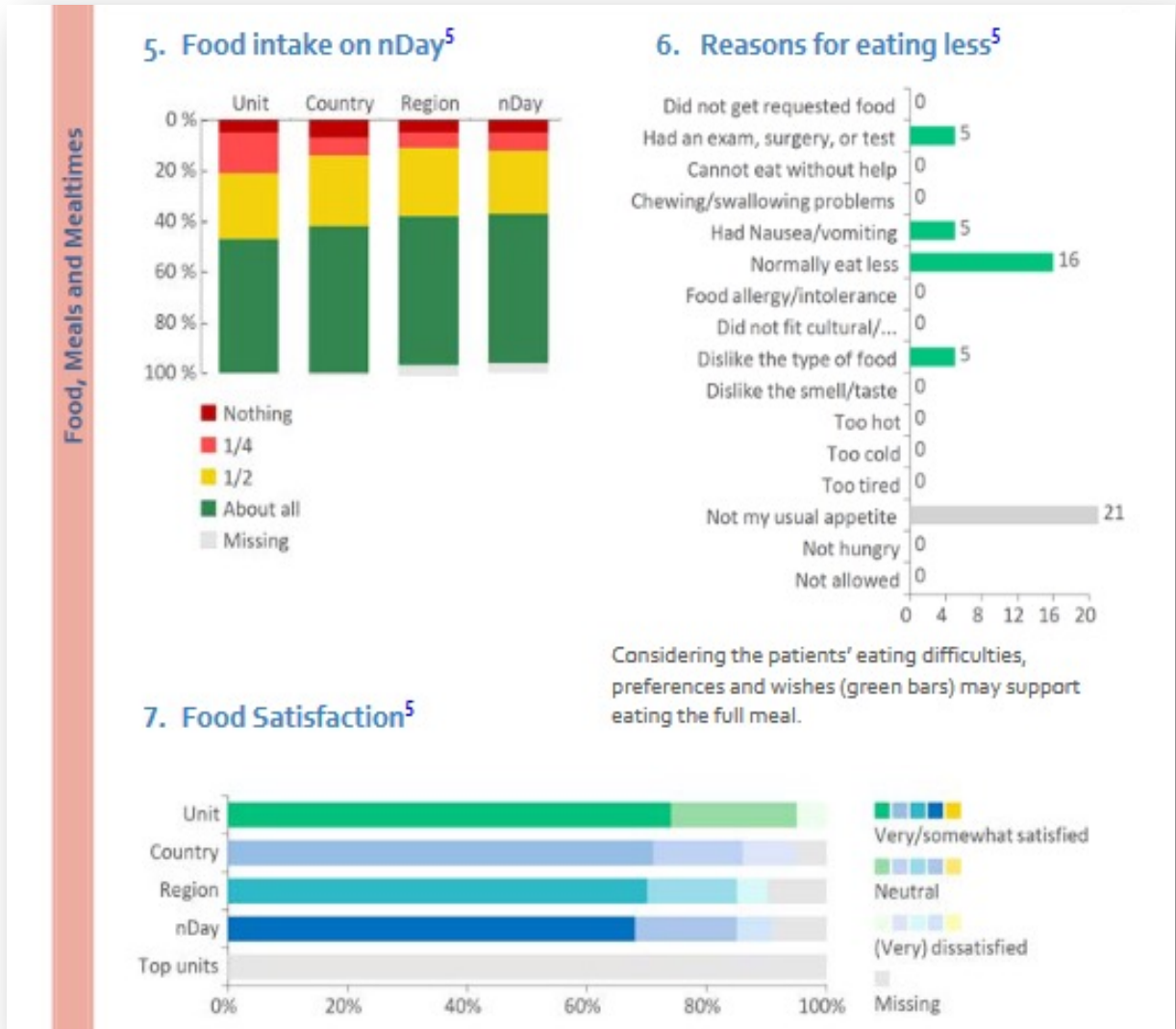




BENCHMARKING WITH NUTRITIONDAY

Unit report

- Multidata graphical report
- Compares unit's results to a worldwide reference.
- Quality indicators of nutrition care in the unit.
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Hospital

BENCHMARKING WITH NUTRITIONDAY



nutritionDay
WORLDWIDE



UNIT

download it from
the nDay account

Comparison to worldwide
data in the same specialty
(minimum 8 patients/unit)

UNIT REPORT



CENTER

upon request
to the nDay office

request from nDay
coordinator in the center,
aggregated unit data

CENTER REPORT



COUNTRY

Published in June
on the nDay website

If at least six units have
participated in the country
in a year

NATIONAL REPORTS*
published on nDay website



WORLDWIDE

research and
+40 publications

World region analysis,
comparisons and models of
association to outcomes

RESEARCH

NATIONAL BENCHMARKING WITH NUTRITIONDAY



nDay data included in an official **GOVERNAMENTAL REPORT** on nutrition published every 4 years.

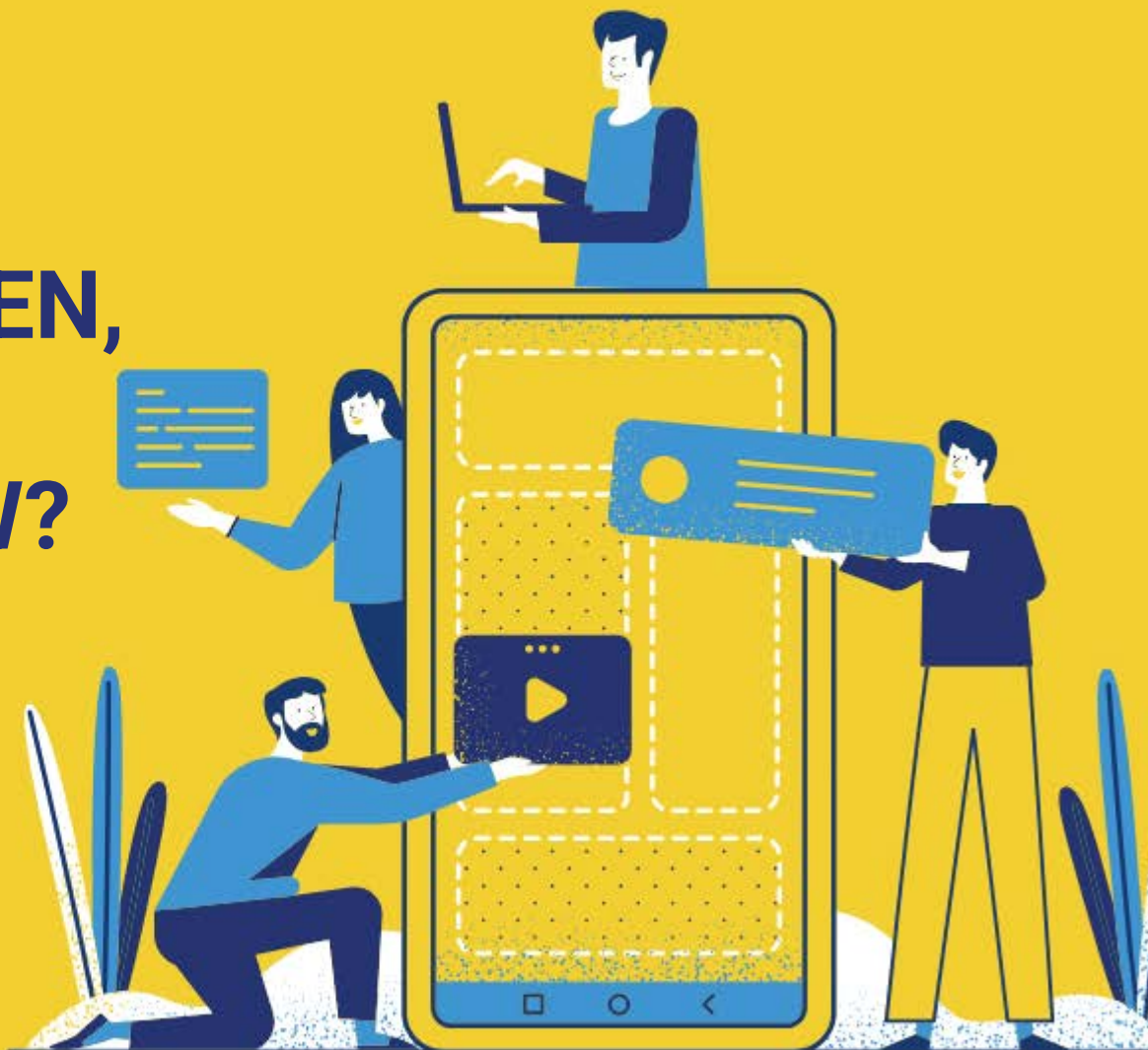


nDay participation is financially supported by government and **MANDATORY** in **HOSPITALS** as quality control.



Teamwork

**HOW CAN WE IMPROVE
TEAMWORK BETWEEN ESPEN,
ALL PEN SOCIETIES AND
ONCA TEAMS DURING MAW?**



Malnutrition from awareness towards control





**SEND US YOUR
FEEDBACK!
SHARE YOUR IDEAS WITH
MAW@ESPEN.ORG**

**ESPEN
MAW
2024**



THANK YOU

Rocco Barazzoni
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Silvia Tarantino
Niamh Rice
Alessandro Laviano
Diana Cardenas
Tommy Cederholm

ECO team
ERN team
WHO team
ESPEN Council Representatives
and Societies Presidents
EHNA and ONCA teams
Country MAW representatives
ESPEN Experts

Noema Team
Anthem Team
Robert Fuchs

Medical university of Vienna team
nutritionDay national coordinators

