



International Conference

optimal
nutritional care
for all

MALNUTRITION: FROM AWARENESS TOWARDS CONTROL

A NUTRITIONAL CARE POLICY SUMMIT

Turin 6 & 7 June 2024



MALNUTRITION IN THE EUROPEAN HEALTHCARE POLICIES: OUR MOONSHOT

Michela Zanetti

Geriatric Clinic, Trieste, Italy

MAJOR NUTRITION-RELATED BURDENS

CHRONIC DISEASES



Malnutrition is one of the leading causes of death worldwide

HEALTHCARE DISEQUALITIES



Significant nutrition-related health disparities are experienced by populations of different countries

PUBLIC AND HEALTHCARE CONFUSION



Credible, rigorous nutritional science information is largely needed

HEALTHCARE COSTS



Increased healthcare costs in the EU economy due to nutrition-related chronic diseases

GOVERNMENT BUDGETS

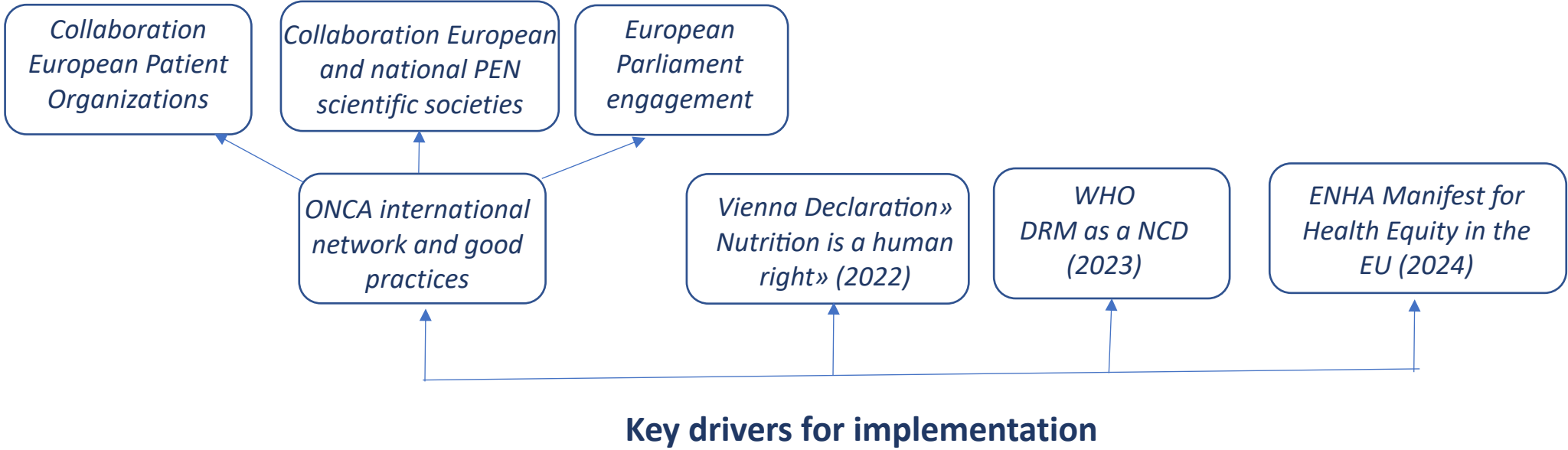


Modest allocations for malnutrition tackling programs (actions)

Malnutrition from awareness towards control



Initiatives/documents at the EU and global level for optimal nutrition care for all

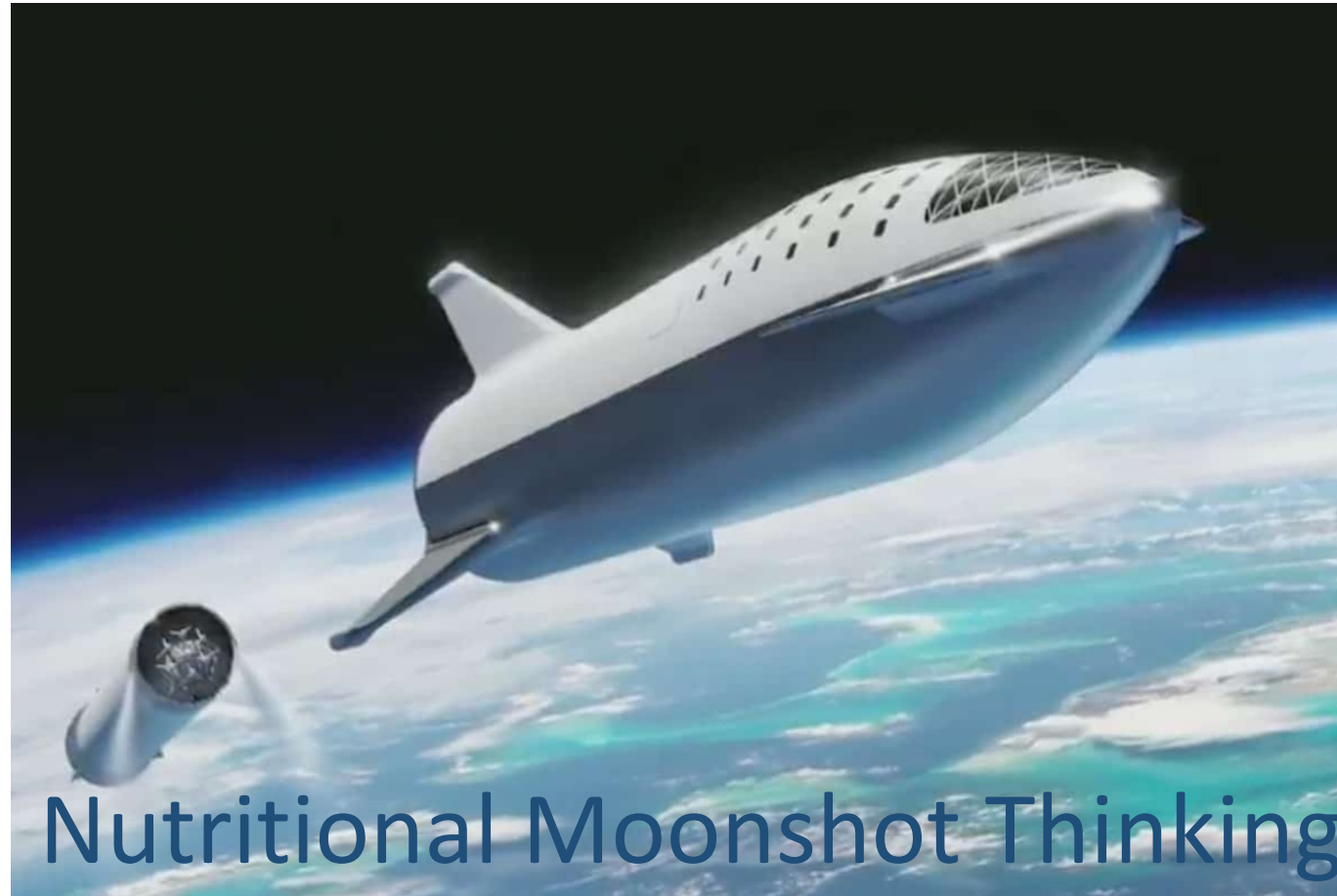


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How to overcome the know-do gap

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Nutritional Moonshot Thinking

Outcomes

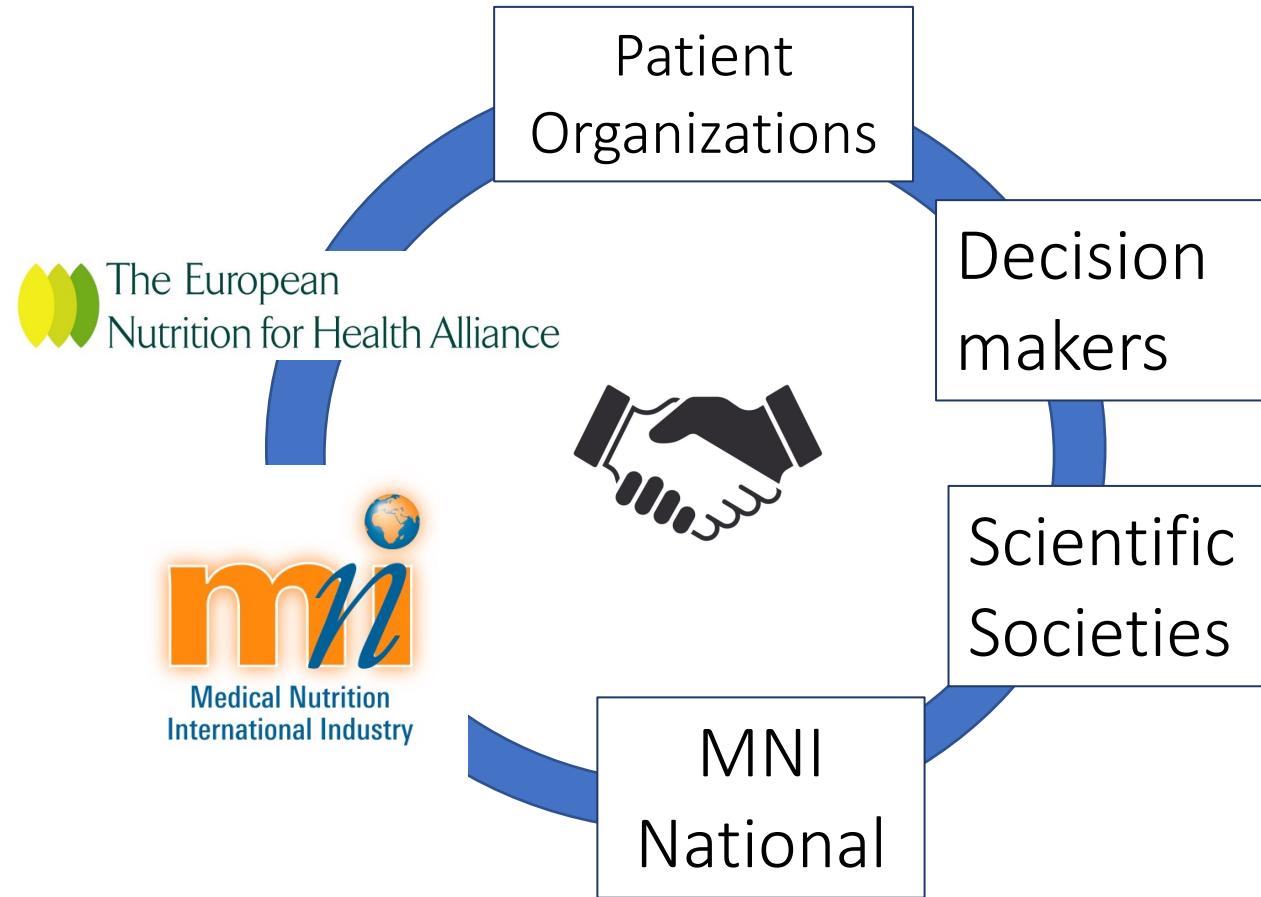
- ✓ Benchmark current state of nutritional policies per country
- ✓ Identify and implement concrete priority actions
- ✓ Share good practices
- ✓ Focus on PROMs
- ✓ Importance of education

- ✓ Dialogue between multistakeholder organizations and decision makers to promote equity in nutritional care and coherent fiscal policies
- ✓ **Policymaker support vital for achieving targets**



JOIN FORCES AT THE EUROPEAN AND NATIONAL LEVEL

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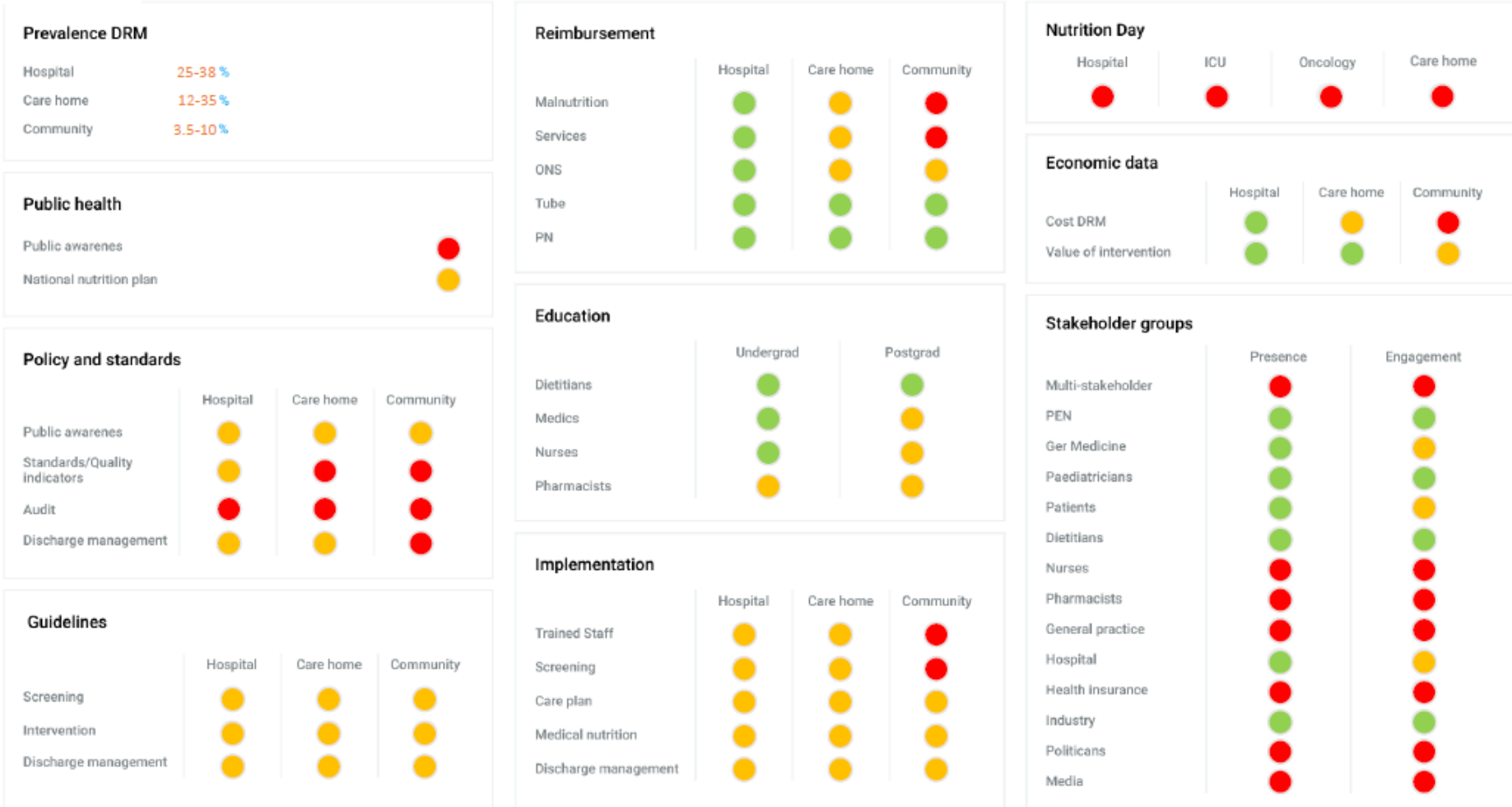


Optimal nutritional care for all – SCORE CARD

Country: Italy

60 m people

Date: 15-1-2021



<https://european-nutrition.org/countries/italy/italian-dashboards/>



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EXCHANGE GOOD PRACTICES

Undernutrition risk and nutritional screening implementation in hospitals: Barriers and time trends (2019–2020)

A.M. Taipa-Mendes ^{a,*}, T.F. Amaral ^a, M. Gregório ^{a,b}

Performance indicators of hospitals by studied year: January–December 2019 and January–December 2020.

	2019			2020		
	N	Mean (SD)	Min.–max.	N	Mean (SD)	Min.–max.
Proportion of patients undergoing screening to identify nutritional risk within the first 48 h after admission (%)	34	16.7 (21.8)	0.0–84.2	38	28.2 (0.3)	0.3–90.4
Proportion of patients at nutritional risk who received nutritional intervention after being screened for undernutrition (%)	20	26.9 (24.0)	0.2–78.5	28	26.0 (0.2)	0.3–77.3
Proportion of paediatric patients classified as having nutritional risk who underwent nutritional intervention (%)	15	35.3 (28.8)	0.3–94.7	14	37.9 (0.3)	0.6–77.5
Proportion of adult patients classified as having nutritional risk who received nutritional intervention (%)	21	43.8 (34.3)	0.6–94.8	30	40.9 (0.3)	0.3–97.0

N: number of hospitals.

Clinical Nutrition ESPEN 45 (2021) 192–199



EXCHANGE GOOD PRACTICES

MANDATORY NUTRITIONAL e- SCREENING

Malnutrition from awareness towards control



Diário da República, 2.ª série

N.º 188

27 de setembro de 2023

SAÚDE

Gabinete da Secretária de Estado da Promoção da Saúde

Despacho n.º 9984/2023

Sumário: Implementação e reforço da identificação sistemática do risco nutricional em todos os níveis de cuidados do SNS — cuidados de saúde primários, cuidados hospitalares e cuidados continuados integrados, de modo a reduzir o risco de complicações associadas à desnutrição.



Does malnutrition influence hospital reimbursement? A call for malnutrition diagnosis and coding

Ana Campos Fernandes R.D., M.Sc. ^a, Ana Pessoa M.D., M.Sc. ^b, Maria Antónia Vigário R.D., M.Sc. ^c,
Harriët Jager-Wittenaar R.D., Ph.D. ^{d,e}, João Pinho R.D., M.Sc. ^{c,*}

Table 5

Difference in relative weight and hospitalizations costs after the inclusion of malnutrition diagnosis in the malnourished patients with increased SOI level

Difference in RW and HC as a result of increased SOI level	
In RW per patient, mean \pm SD	0.74 \pm 0.45
In HC per patient, mean \pm SD	€1691 \pm 1017
In total HC	€52 433

HC, hospitalization costs; RW, relative weight; SD, standard deviation; SOI, Severity of Illness.



MANDATORY NUTRITIONAL SCREENING



Regione Lombardia
LA GIUNTA

DELIBERAZIONE N° XII / 1812 Seduta del 29/01/2024

Presidente **ATTILIO FONTANA**

Assessori regionali

MARCO ALPARONE	<i>Vicepresidente</i>	ROMANO MARIA LA RUSSA
ALESSANDRO BEDUSCHI		ELENA LUCCHINI
GUIDO BERTOLASO		FRANCO LUCENTE
FRANCESCA CARUSO		GIORGIO MAIONE
GIANLUCA COMAZZI		BARBARA MAZZALI
ALESSANDRO FERMI		MASSIMO SERTORI
PAOLO FRANCO		CLAUDIA MARIA TERZI
GUIDO GUIDESI		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

Si esprime parere di regolarità amministrativa ai sensi dell'art.4, comma 1, l.r. n.17/2014:





NUTRITIONAL SCREENING IN PRIMARY CARE

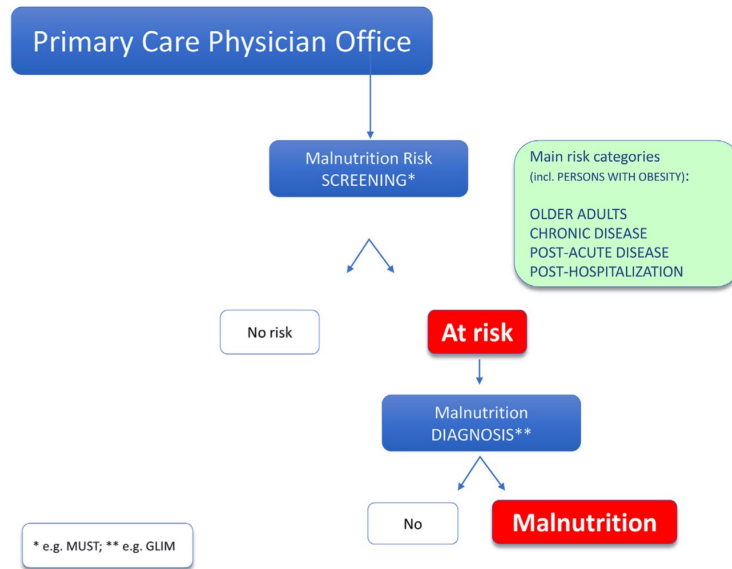


Editorial

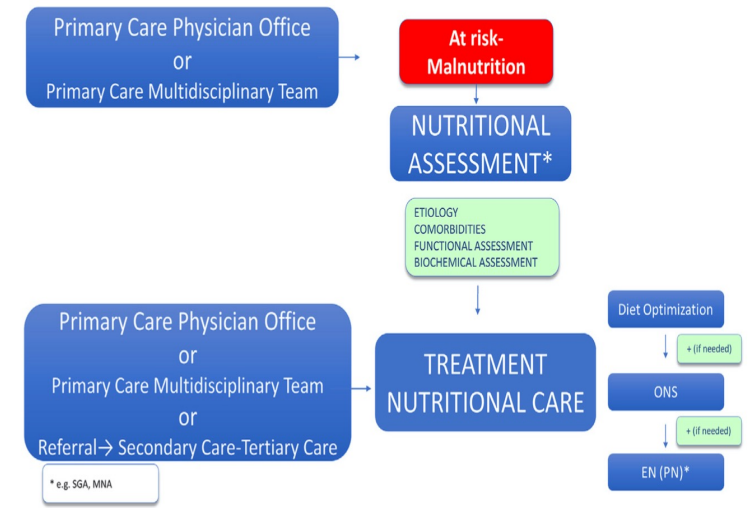
Clinical nutrition in primary care: ESPEN position paper

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NUTRITIONAL SCREENING



NUTRITIONAL ASSESSMENT



Ž. Krznarić, D. Vranešić Bender, M. Blaž Kovač et al.



IMPLEMENTATION – THE EXAMPLE OF CANCER

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European Parliament

2019-2024



Special Committee on Beating Cancer

2020/2267 (INI)

01.12.2021

FINAL

COMPROMISE AMENDMENTS

on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (2020/2267(INI))

Special Committee on Beating Cancer

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians **and** primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Draft compromise Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians, **nurses**, primary care professionals **and specialist physicians**, given their importance in patient referral to diagnostic tests and oncology specialists, as well as **the role of specialised nutritionists or dieticians, psychologists and rehabilitation specialists** during cancer treatment and follow-up care, **in order to ensure access to the right treatment and care at the right time via an optimal care pathway**; calls for the development of multidisciplinary **teams (MDT) to manage cancer patients throughout their treatment journey, and multidisciplinary** decision-making in the framework of dedicated **cross-discipline** concertation meetings



3.8. Il supporto nutrizionale

OBIETTIVI STRATEGICI

- Promuovere e implementare l'intervento nutrizionale fondato su robusta documentazione di efficacia quale parte integrante del percorso diagnostico-terapeutico
- Promuovere e implementare per le diverse neoplasie e nelle varie fasi di malattia (compresa la *survivorship*), percorsi psico-oncologici di prevenzione, cura e riabilitazione del disagio emozionale

LINEE STRATEGICHE

- Elaborare e condividere all'interno dei PDTA di patologia elementi di gestione del supporto nutrizionale nei pazienti oncologici
- Promuovere e prevedere all'interno dei PDTA oncologici la valutazione e il monitoraggio del trattamento degli aspetti psicologici, con particolare riferimento ai tumori eredo-familiari
- Promuovere sin dalla prima visita l'inclusione dello screening nutrizionale quale parte integrante del percorso diagnostico-terapeutico
- Attivare interventi di supporto psicologico ospedaliero e territoriale per i pazienti e i loro *caregiver*
- Promuovere e incentivare la formazione in Nutrizione Clinica nei corsi di laurea e nelle scuole di specializzazione indirizzati alle figure professionali coinvolte nella cura dei pazienti oncologici
- Elaborare dei criteri minimi di qualità relativi ai criteri prescrittivi e gestionali e alla loro gestione della NAD
- Progettare e realizzare campagne di sensibilizzazione ed educazione sul tema della nutrizione in oncologia

ATTORI COINVOLTI

- Ministero della Salute
- Altri Dicasteri
- Regioni
- AIFA
- IRCSS
- ISS
- Reti Oncologiche
- AGENAS
- Università
- Società scientifiche
- Terzo settore
- Associazioni dei pazienti

RISORSE DISPONIBILI E/O NECESSARIE

- FSN
- PNRR Missione 6
- Art. 33, comma 6-bis del decreto legge 25 maggio 2021, n. 73 (decreto sostegni bis) convertito con modificazioni dalla legge 23 luglio 2021, n. 106



Ministero della Salute

**Piano Oncologico Nazionale:
documento di pianificazione e indirizzo
per la prevenzione e il contrasto del
cancro
2023-2027**



EDUCATION IS ESSENTIAL TO FIGHT AGAINST MALNUTRITION



Workshop on-line ICU 1^a Edizione 2020, 6-7 NOVEMBRE 2020

NUTRIZIONE CLINICA NEL PAZIENTE IN TERAPIA INTENSIVA

COORDINATORE SCIENTIFICO
Maria Laura Scarcella, Terni

FACULTY
Salvatore Buono, Napoli
Eduardo De Robertis, Perugia
Abele Donati, Ancona
Luca Gianotti, Milano
Danilo Radrizzani, Legnano
Maria Laura Scarcella, Terni
Romano Tetamo, Palermo

INFORMAZIONI GENERALI

QUOTA DI ISCRIZIONE
Medico, Dietista e infermiere **soci** € 100,00 + IVA
Medico, Dietista e infermiere **non soci** € 130,00 + IVA

ISCRIZIONE
L'iscrizione al Corso sarà aperta dal 18 settembre 2020 e dovrà avvenire online tramite il sito www.noemacongressi.it o www.sinpe.org nelle sessioni dedicate.

VENERDÌ 6 NOVEMBRE
16.00-19.00 SESSIONE 1

- 16.00 Introduzione della prima giornata di Workshop e presentazione dei docenti
M. Scarcella
 - 16.15 Strumenti e score di valutazione nutrizionale nel paziente critico
R. Tetamo
 - 16.30 La calorimetria indiretta: principi di funzionamento ed applicazione in ICU
D. Radrizzani
- Terapia nutrizionale focus on:
- 16.45 Paziente settico - **A. Donati**
 - 17.00 Insufficienza respiratoria - **M. Scarcella**
 - 17.15 Post chirurgia addominale maggiore - **L. Gianotti**
 - 17.30 Presentazione e discussione Caso Clinico 1
All
 - 19.00 Chiusura prima giornata
M. Scarcella



TRANSLATION
INTO
NATIONAL
LANGUAGES



NOURISHING policy index
Nutrition policy status
in 30 European countries

CO-CREATE

World Cancer Research Fund International
In collaboration with
NIPH Norwegian Institute of Public Health
May 2023

COUNTRY	I	N	G
Austria	Orange	Grey	Red
Belgium	Green	Grey	Orange
Bulgaria	Orange	Grey	Grey
Croatia	Yellow	Orange	Red
Czech Republic	Grey	Grey	Red
Denmark	Green	Grey	Orange
England	Green	Orange	Orange
Estonia	Green	Orange	Orange
Finland	Green	Orange	Red
France	Green	Orange	Orange
Germany	Green	Grey	Orange
Greece	Green	Orange	Red
Hungary	Yellow	Grey	Grey
Ireland	Green	Orange	Orange
Italy	Yellow	Orange	Red
Latvia	Green	Orange	Yellow
Lithuania	Orange	Orange	Grey
Malta	Orange	Grey	Red
Netherlands	Green	Green	Yellow
Northern Ireland	Green	Grey	Green
Norway	Green	Green	Orange
Poland	Yellow	Grey	Orange
Portugal	Green	Orange	Grey
Romania	Green	Green	Orange
Scotland	Yellow	Grey	Red
Slovakia	Orange	Grey	Grey
Slovenia	Yellow	Orange	Orange
Spain	Green	Orange	Orange
Sweden	Orange	Orange	Orange
Wales	Green	Orange	Red

POLICY AREA	
I	Inform people about food and nutrition through public awareness
N	Nutrition advice and counselling in health care settings
G	Give nutrition education and skills

Box 2. Categorisation of policy area scores for the NOURISHING policy index

No policy	NO POLICIES IDENTIFIED
1-24	POOR
25-49	FAIR
50-74	MODERATE
75-99	GOOD
100	EXCELLENT



INCREASED DEMAND FOR CLINICAL NUTRITION AND EDUCATION

Increase the platform of partners

Clinical nutrition networks

NON Nutrition healthcare professionals

Institutional partners

Patient Organizations

Public

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PATIENT CENTERED CARE

Table 1 Short descriptions of the range of measures that may be used

Domain	Type	Measures (items)
How You Feel	PROM	<ol style="list-style-type: none"> 1. Health status (physical and mental symptoms, disability, dependence) 2. Personal well-being (life satisfaction, worthwhile, happiness, anxiety) 3. Person-specific measures (two key issues) 4. Sleep (sleep and wake at same time, refreshed, sleep quality) 5. Fatigue (energy, tire fast, concentrate, stamina).
Impact of Care	PROM	<ol style="list-style-type: none"> 1. Health confidence (health literacy, self-efficacy, access to help, shared decision-n 2. Self-care (diet, physical activity, weight, medication) 3. Shared decisions (benefits, downside, choices, involved) 4. Behaviour change (capability, opportunity, motivation) 5. Adherence to treatment (remember, do when bad or better, satisfaction) 6. Acceptance of loss (new capability, loss, change, move on).
How You Live	PROM	<ol style="list-style-type: none"> 1. Social determinants of health (education, in control, where I live, money) 2. Social contact (talking, confidants, help, involvement) 3. Loneliness (no one to talk to, left out, alone, lonely) 4. Neighbour relationships (know, trust, share and help) 5. Personal safety (feel safe, respected at home and outside) 6. Digital confidence (own use, peer use, access to help, confidence) 7. Readiness (usage, confidence, like new ideas, keep up to date).
Experience of Care	PREM	<ol style="list-style-type: none"> 1. Patient experience (kind, listen/explain, prompt, organised) 2. Result satisfaction (consultation, treatment, help, next steps) 3. Service integration (staff talk, knowledge, repeat story, collaborate) 4. Data privacy (safe, shared as needed, can check, satisfied) 5. Product confidence (frequent user, confident user, know benefits and problems) 6. User satisfaction (helps me, easy to use, get help, pleased) 7. Training (reaction, learning, behaviour, use results).

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NUTRITION MOONSHOT THINKING RESOURCES

A Manifesto for Health Equity in the EU

<https://epha.org/wp-content/uploads/2023/12/epha-disgo-manifesto-report.pdf>

Disease-related malnutrition: a time for action

<https://iris.who.int/bitstream/handle/10665/375033/WHO-EURO-2023-8931-48703-72392-eng.pdf?sequence=5&isAllowed=y>

Cárdenas D, et al. Nutritional care is a human right: Translating principles to clinical practice. Clin Nutr. 2022;41:1613-1618.

Europe's Beating Cancer Plan - Public Health

https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

Optimal Nutrition Care for All

<https://european-nutrition.org/>

