

Every patient deserves good nutritional care:
A CALL TO ACTION



The Irish Society for Clinical Nutrition and Metabolism (IrSPEN),
in association with the Irish Nutrition & Dietetic Institute (INDI)
and the European Nutrition for Health Alliance (ENHA)

Foreword

In Ireland, an estimated 140,000 community and hospital patients are malnourished, or likely to become malnourished, without adequate nutritional care or nutrition support¹. Unfortunately, some will fail to have their needs identified or properly addressed due to low awareness of the problem amongst the public and health professionals alike.

The condition, correctly termed 'disease-related malnutrition', is common in those with cancer, Crohn's disease, COPD, cystic fibrosis, multiple sclerosis and conditions that make eating or utilising food difficult. Older people are at the highest risk, particularly those living alone and coping in poor social circumstances, where their difficulties are more likely to go unnoticed.

Cost burden to patients, the health service and society

Although the problem attracts relatively little attention, the annual healthcare costs associated with malnutrition are enormous, estimated at over €1.4billion in Ireland² and €170billion across Europe³, exceeding that of obesity. This is because inadequately nourished patients suffer more complications, have poorer outcomes and are less able to withstand the effects of medical treatment or surgery. Consequently, they spend longer in hospital and are more likely to need long term care than normally nourished patients.

No excuse

Far from being inevitable, most malnutrition is preventable and nearly all manageable – treatment of malnutrition is simple and relatively inexpensive, especially when detected early. Yet every day in Ireland, many older and chronically ill patients are put at avoidable risk by the low priority given to ensuring good nutritional care for all patients, whether living at home, in hospital or in long-term care. **This urgently needs to change.**

Time to act is now

In 2009, under the Czech Republic European Presidency, a declaration to stop disease related malnutrition (known as 'the Prague Declaration'³) committed signatories, including the Irish Government, to tackling the problem of malnutrition. Since then, many member states - including The Netherlands, UK, Poland, Greece and Belgium - have taken important steps to implement its recommendations. **It is now Ireland's turn, as current holders of the EU presidency, to take decisive action to address what is a largely preventable or manageable problem - and to urge others to do the same.**

Alliance against malnutrition

This 'call to action', supported by European and Irish expert bodies and patient organisations, urges immediate Government action to address the current gaps in our systems, our education of health professionals and our practices that permit patients to become malnourished within our healthcare system. This will not only bring benefits for the many patients whose recovery and health are jeopardised by inadequate or delayed nutritional care, but can be predicted to deliver significant net savings.



Professor John V Reynolds
Chairman IrSPEN

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The Case for Action

Scale of the problem

- At any time, more than 140,000 adults in Ireland are malnourished or at risk of malnutrition, half are over 65 years of age¹
- The vast majority of malnourished patients are living in the community⁴
- 1 in 3 patients admitted to Irish hospitals were found to be at risk of malnutrition, over 75% were at high risk⁵

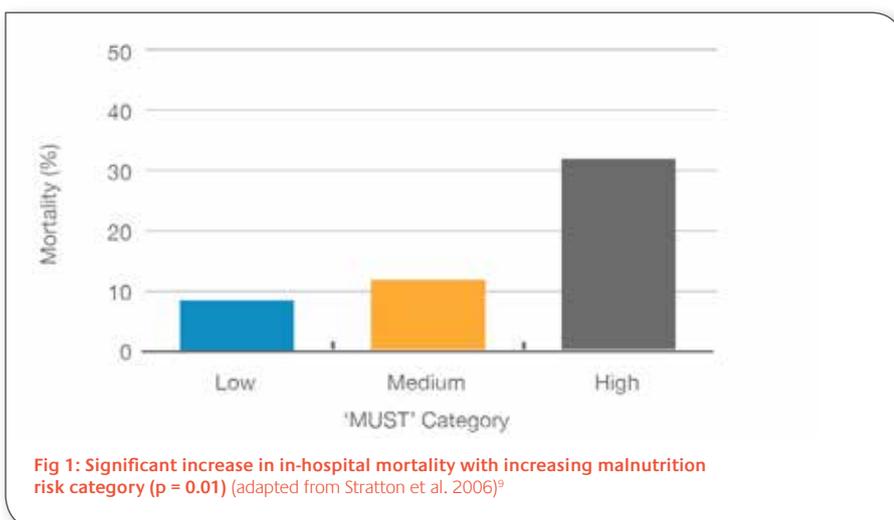
Awareness of the problem is low, so malnutrition is often overlooked

- Most health professionals are poorly informed about malnutrition, as nutrition is not a compulsory part of undergraduate training.
- Many patients with malnutrition are not 'thin' and are overlooked, making it imperative to use a validated screening tool to identify those at risk⁵.
- Few Irish hospitals routinely screen patients, contrary to 2009 Department of Health guidance⁶.

Consequences of malnutrition

Compared with normally nourished patients, malnourished patients have:

- Threefold greater risk of infection⁷
- Between two and threefold greater mortality risk, according to age^{8,9} (see fig 1)
- 85% higher risk of hospital admission and re-admission (over 65)⁴
- 30% longer length of hospital stay, on average⁴.



Financial impact of malnutrition

- Total healthcare costs of malnutrition in Ireland estimated at €1.4 billion per annum¹,
- It is estimated that the number of inpatient bed days, arising from longer length of stay due to malnutrition, exceed 250,000 per year^{*}
- Malnourished patients have been shown to incur, on average, **double** the healthcare costs of non-malnourished patients in the year following diagnosis¹⁰.

**Calculated by applying malnutrition prevalence findings to Irish hospital activity data for 2010.*



EXPERT VIEW

“Evidence consistently shows that poorly nourished patients fare badly when compared with normally nourished patients, especially if they are older. Conversely, nutrition support has been found to be highly effective in improving health outcomes and reducing costs. On that basis alone, good nutritional care must be recognised as a critical component of good medical care, and a fundamental right for all patients”.

Dr Declan Byrne
Consultant Geriatrician

THE FINANCIAL CASE FOR ACTION

Systematic reviews and meta-analyses consistently show that the appropriate use of nutrition support improves outcome and reduces health utilisation in both community and hospital patients, thereby reducing costs⁴.

In the UK, it has been estimated by NICE that the implementation of screening programmes and improved nutritional care standards will produce net savings of over €54.1 million per year to the NHS, even after the costs of investment in additional staffing, training and resources¹⁰.

In Ireland, the estimated savings are proportionately greater, due to higher potential savings in the acute care setting and more effective targeting of nutritional supplements.

Case Study

Malnutrition should not be an inevitable part of illness and ageing. It is everyone's responsibility to demand that malnutrition is recognised through screening and that action is taken to make sure the right nutritional care is given at the right time.

Here is Vincent's story – an example of a personal care plan to aid a patient's recovery.

Vincent's background

Vincent is a 58 year old gentleman. He works in construction and lives on his own in Dublin. Vincent has a diagnosis of lung cancer and has just finished a course of radiotherapy. Vincent lost about 16kg (29% weight) over 18 months. Most of his weight loss occurred over 3-6 months, preceding admission to a large Dublin Acute Teaching Hospital. Vincent was seen in a Rapid Access Lung Cancer Clinic within 2 weeks of referral by the GP and was admitted a week after this. Vincent was 38kg on admission, giving a Body Mass Index (BMI) of 14.3kg/m². This means Vincent was severely malnourished.

Impact of malnutrition on Vincent

Vincent's biggest issue at home having lost so much weight was fatigue. He could not walk for very long and had to take a taxi for any appointments. Otherwise he was almost housebound. Shopping was nearly impossible. He could not climb the stairs at home and had no energy to do any of his usual day-to-day activities.

Vincent's nutritional care

His multidisciplinary team identified Vincent *as being malnourished* and took steps to improve his nutritional status. Vincent was started on overnight enteral tube feeding and was advised by a dietitian on a high protein high energy diet. He also started oral nutritional supplements during the day. Vincent's appetite and weight have improved greatly and he has since stopped the tube feeding. He is now 44.3kg which is a 16.5% increase in weight, and is holding his weight on a high protein high energy diet and oral nutritional supplements. His nutritional status continues to be monitored regularly.



“The human cost of malnutrition is very considerable, both for the person affected and those that care for them. Everyone knows someone who has experienced the problems of patients not receiving the help they need to eat – food and water left out of reach, or supplements left on the locker in the heat of a hospital ward. There needs to be far greater focus on looking after the most vulnerable – good nutritional care must be recognised as a basic human right”.

Mary Nally
CEO ThirdAge

Key Actions

A key recommendation of the 2009 Prague Declaration on Malnutrition was the need for successive EU Presidency holders to make malnutrition and its prevention a key priority. Reiterating many of the actions already committed to by previous EU Presidency holders, the following represent the key actions needed to make progress, both in Ireland, and in countries that have not yet implemented such measures:

1. Public awareness and education

Awareness of malnutrition is low and has not been a public health priority to date. Effective educational campaigns need to make the public aware of malnutrition and its risks, targeting older people, those with chronic illness, their families and carers.

2. Mandatory nutrition screening

Nutrition risk screening is now mandatory in nursing homes in Ireland but not conducted widely elsewhere.

Nutrition risk screening must become mandatory in all hospitals and long stay care facilities, underpinned by protocols and adequate resources for follow up assessment and appropriate management of those identified as 'at risk'. A national screening policy should be immediately developed for primary care services targeting high risk groups. This will ensure that nutrition support is targeted effectively and at an early enough stage to prevent serious and costly complications.

3. Nutrition training of health professionals

There is currently no requirement for health professionals, other than dietitians, to receive education and training in nutritional care.

Nutrition education should be a requirement on the curriculum of medical, nursing professions (including primary care), pharmacists and other healthcare workers. All healthcare professionals should receive, as a minimum, training on how to identify the signs of malnutrition and the components of good nutritional care.

4. Quality standards for nutritional care

Although all patients have the right to safe, effective care, there are no explicit quality standards for the delivery of good nutritional care in Ireland.

National Quality Standards should be immediately established for healthcare providers, outlining their obligations in ensuring that patients are offered the best nutrition and nutritional care possible, including hydration, and that any specialised needs identified through screening are addressed at the earliest opportunity.

5. Equitable access to safe, effective home nutrition support

Deficits exist in the current funding arrangements and clinical support services provided for patients requiring or receiving nutrition support in the community in Ireland.

No patient should have to remain in hospital or care home solely to receive nutrition support. Adequate resources must be provided at community level so that all patients have equal access to required nutrition support at home, irrespective of location or ability to pay. All patients on home artificial nutrition support must have regular access to a community-based dietitian to ensure safe, effective care. In this way, patients who require artificial nutrition support have the best opportunity to live independent, fulfilling lives.

“Every day, many patients are admitted to Irish hospitals in a pitiful nutritional state due to lack of community services and resources aimed at prevention of malnutrition. This really must be addressed, as no modern health service can justify continued inaction in the face of such a prevalent and entirely avoidable public health issue”.

Richelle Flanagan
President, INDI



“Malnutrition is not an inevitable consequence of old age or disease – it is a potentially life-threatening condition that can be predicted to develop in many older and chronically ill patients if the systems are not in place to ensure its early detection and treatment”.

Professor John V Reynolds
Chairman, IrSPEN

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KEY ACTIONS

1

Public awareness and education

2

Mandatory nutrition screening

3

Nutrition training of health professionals

4

Quality standards for nutritional care

5

Equitable access to home nutrition support

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