

Read & Watch: Lecture Summary



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Energy and protein-nutrient dense intervention and compliance as key factors of recovery in patients with malnutrition

Speaker biography

Prof Agathe Raynaud-Simon heads the Geriatrics Department of Bichat, Beaujon and Bretonneau APHP hospitals and she is Professor of Gerontology and Geriatrics in Paris Cité University. She is now president of the Food and Nutrition committee of APHP hospitals, vice-president of the French Nutrition Federation and treasurer of the association Collectif Dénutrition that organizes Malnutrition Week in France. She coordinated the drafting of the French High Health Authority guidelines on nutrition in the elderly in 2007 and 2021 and contributed to the ESPEN guidelines on clinical nutrition and hydration in geriatrics in 2019. She is author of more than 80 papers in peer reviewed journals.

Abstract

Older patients with malnutrition usually have low appetite, and this challenges optimal nutritional care and recovery. Several strategies are proposed to meet their nutritional requirements and increase food intakes, such as dietary modifications, food fortification, snacks, texture-modified food, and professional help during meals^{1,2}.

These nutritional interventions do favor recovery from malnutrition and may positively influence clinical outcomes, including autonomy, but not all individuals will improve their nutritional status and other clinical outcomes.

Professional associations such as ESPEN, BAPEN, the Royal College of General Practitioners or the Royal College of nursing, recommend the use of oral nutritional supplements (ONS) in addition to the diet for the management of malnutrition in older adults, patients with disease-related malnutrition (DRM), patients with polymorbidity and patients hospitalised in intensive care units^{1,3-7}.

Evidence is lacking to support the treatment of DRM with dietary advice or snacks only. The combination of dietary advice plus ONS has shown to be more effective than dietary advice alone for the treatment of malnutrition and improve QoL⁸⁻¹⁰, consequently, ONS is one of the most common treatments for DRM.

To maximise the nutritional benefits of ONS (hence clinical and economic) good compliance is essential to ensure patients meet their energy and protein daily requirements, improve nutritional status, reduce hospitalisation and mortality, and as well as to minimise wastage. Unfortunately, data published demonstrate that patients usually do not take the whole volume of the ONS. Hubbard et al, showed in a systematic review of 46 published trials that the noncompliance rate ranged from 19.1% to 32.8% depending on the healthcare setting¹¹. Our group reported a similar rate of ONS compliance in older people living at home¹².

So, there THERE IS NO TIME TO LOSE to identify all modifiable factors that can affect ONS compliance (Figure 1) and implement strategies to IMPROVE NUTRITIONAL STATUS and REGAIN AUTONOMY IN THE MALNOURISHED OLDER ADULTS.

Figure 1: Factors that can affect ONS compliance^{11,13-18}

PATIENT- AND DISEASE-RELATED FACTORS	THERAPY-RELATED FACTORS	HEALTHCARE SYSTEM AND ECONOMIC FACTORS
<ul style="list-style-type: none"> • Advanced age • Low educational level, health literacy, patient knowledge • Physical inability to take ONS • Lack of family support • Forgetfulness, low motivation, anxiety, depression • Loss of appetite • Medications that affect the patients' sense of taste or smell • Difficulty eating due to symptoms from diseases • Severity of disease 	<ul style="list-style-type: none"> • Monotonous or unsatisfactory flavour, taste, texture • Large volume/portion, patient unable able to finish volume/portion • Format: powder supplements that needs to be reconstituted before consumption • Long duration of treatment • Treatment complexity • Medication side effects • Non-tolerance of oral nutrition • Timings of administration • Lack of knowledge about benefits of ONS and reasons for prescription 	<ul style="list-style-type: none"> • Lack of accessibility • Difficulty in getting prescriptions filled (reimbursed) • High costs • Long waiting time • Inability to take time off work

One of the strong positive factors of the success of nutrition care is to prescribe energy and protein-dense intervention in older malnourished patients. Our study demonstrated that high compliance to high energy and protein ONS dense (≥ 500 kcal/day and ≥ 30 g of protein/day) improve appetite, reduces of risk of hospitalisation, and significantly reduced health care costs ($p=0.042$) in home-living elderly people older subjects¹².

This lecture will focus on a) patient-related and b) intervention-related factors that influence compliance, recovery from malnutrition, and other clinical outcomes in older malnourished patients.

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