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Malnutrition in European Hospitals: More Action Needed at EU Level

Malnutrition affects many people across all healthcare settings, from the one in four patients admitted to hospital to well over half (up to 60 percent) of all elderly people living in care homes. As well as impairing physical function and quality of life, malnutrition increases complication rates, mortality, hospital readmissions and length of hospital stay. It places serious burdens on already-stretched healthcare resources. In the UK in 2007, public expenditure on diseases-related malnutrition was estimated to be in excess of 15 billion euro per annum, corresponding to 10 percent of the total expenditure on health and social care. The estimates for EU stand at 120 billion euro per year.

Malnutrition Still Goes Undetected and Untreated in Hospital Inpatients

A study conducted in a large Danish hospital found that as many as 40 percent of patients at risk of malnutrition had not been screened for nutritional risk.

Another Danish hospital study found that almost 40 percent of patients in internal medicine, gastrointestinal and orthopaedic surgery departments were at nutritional risk and two thirds did not have a nutritional care plan or monitoring of dietary intake.

A prospective study of 395 newly admitted patients to general medical wards in a Dutch hospital revealed that nutritional assessment and intervention were not sufficiently applied by any professional (medical doctor, nurse, medical student) at any stage of the pre-, actual and post-hospitalisation period.

The Role of Hospitals

Good nutritional care includes nutritional screening that leads to the development of an individualised patient nutritional care plan. This care plan takes into account evidencebased guidelines with respect to selecting the most appropriate nutritional intervention. Patients' progress must be monitored regularly against the goals set out in the care plan.

Nutritional screening coupled with appropriate intervention will help lead to benefits for patients in terms of outcome. Oral nutritional supplements (ONS) are increasingly recognised as an integral part of the overall patient management strategy for malnutrition in hospitals, based on the good quality evidence that ONS lead to improvements in nutritional intake, body composition, clinical, functional and economic outcomes.

Such improvements are most likely to be achieved by a multidisciplinary approach, with input from senior managers and clinicians and clear guidelines and relevant training given to key healthcare professionals involved.

What is Being Done at EU level?

Appropriate attention to managing malnutrition is being encouraged in Brussels by political heavyweights and experts. At a recent conference to mark NutritionDay 2010, organised by the European Nutrition for Health Alliance (ENHA) and bringing together the European Society for Clinical Nutrition and Metabolism (ESPEN), the European Parliament and the Belgian Presidency of the EU, participants agreed that the problem needs to be tackled at every level; by governments, by health and social care providers, by professionals and by individuals themselves.

Participants agreed that clear and practical evidence-based advice on tackling malnutrition is essential for healthcare professionals to achieve improved patient outcomes, clearly-articulated individual care plans and appropriate use of resources.

Conference host Slovenian MEP Alojz Peterle, Co-Chair of the European Parliament's Environment, Public Health and Food Safety (ENVI) Committee's Working Group on Health, called for mandatory nutrition risk screening across Europe and strongly urged his colleagues to adopt a Parliamentary Resolution on this.

Momentum is gradually building at the highest political levels for better detection and individualised treatment of this often undetected but debilitating and costly morbidity risk.

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