

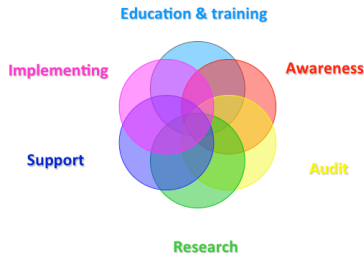
Undernutrition Study Group (GED)

Portuguese PEN Society - APNEP



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Undernutrition and Preventive Strategies: Action Plan to Fight Malnutrition



How? (activities & results)

- GED issued a public contribution for the National Plan for the Promotion of Healthy Eating for 2013-2017, of the General Health Directorate
- GED met with the Minister of Health Assessor to present its action plan to fight undernutrition
- GED had working meetings with most medical schools' board of directors in order to set forth a curricula (prepared by GED) in nutrition for undergraduate medical students (still under appreciation)
- GED issued a public recommendation regarding the need to diagnose, document and code DRM (using ICD-9-MC) in hospitals in order to stimulate reimbursement, reducing the economic impact of this condition^{10,11}
 - This document was adapted with permission of the Spanish PEN Society and the Spanish Medical Documentation Society
 - This document summarizes multiple criteria and scales available to screen undernutrition and standardizes it in accordance with the ICD-9-MC
 - GED is having working meetings with the Portuguese Association of Medical Coding (still waiting for final approval)
- GED organized roundtables, symposia and conferences in every APNEP national congress and other scientific events, regarding all its spectrum of activities and presenting the state-of-the-art on undernutrition
- GED recommends the adoption of a standardized terminology to be used¹³
- GED has worked with catering companies in order to promote specific menus for undernourished patients and raise awareness of these companies staff for this condition (well accepted and still adopted by all of them)
- GED encourages and gives scientific support to research and contributes to numerous publications over the topic of undernutrition
- Between 2012 and 2013 APNEP has so far conducted 10 basic LLL-live courses (a total of over 250 participants): "Approach to Oral and Enteral Nutrition"; "Approach do Parenteral Nutrition"; "Nutritional Assessment and Techniques"; and "Nutritional Support in ICU Patients"
- In 2011 and 2012 APNEP continued to promote participation of its associates in the nutritionDay (ND) initiative:
 - Since 2006 31 different units have already participated: hospitals, ICU and nursing homes (which increased food&nutrition awareness and interest amongst all working task force of these units)

Background and rationale

Disease-related malnutrition (DRM) can be classified as a disease per se or as a cause or consequence of one or more morbidities. Socioeconomic portuguese reality leads us to predict that its frequency and severity tends to increase and worsen in the next decade.

Portuguese reality:

- One in every three hospital admitted patients are undernourished¹. Low education was the major associated factor. Advanced age, male gender, functional dependence, being single or widowed and tobacco dependence were also directly related with increased risk of DRM¹.
- DRM increases the need of care in all situations and markedly influences quality of life, with individual and population-based increased health costs. It is directly associated with increased risk of infections and complications, increased need for hospital care, with higher morbidity and mortality².
- Data from the last National Health Survey (2005-2006) point out that 15.9% of the population has food insecurity, but of these, 50% are at least overweight. This demonstrates that undernutrition and overnutrition, apparently antagonistic situations, coexist in a large percentage of the country³. These data strengthen the need for an holistic approach when outlining preventive strategies to fight malnutrition.

Action Plan

1. Systematic implementation of malnutrition screening at admission to all health care facilities: giving compliance to Resolution ResAP (2003)^{3,2} and P6_TA-PROV(2008)0461⁴, other scientific societies recommendations⁵⁻⁷ including portuguese⁸ as well as being mandatory for a hospital accreditation process¹². These rely on:

- Undernutrition is associated with higher morbidity and mortality, lower functional status and quality of life;
- Existence of several valid and reliable screening methods: simple, non-invasive, secure, sensible and specific, easily affordable and well accepted by patients;
- Undernutrition primary care prevention interventions are demonstrated to be safe, efficient and cost-effective. Whenever undernutrition is diagnosed consequently to screening, food-based treatments are effective in most situations.

It is therefore important to raise awareness among health care professionals and invest on their under and post graduate training, building up competences needed to this process.

2. All individuals identified as undernourished on admission screening should be subject to undernutrition diagnosis. This will enable an early intervention and will lengthen survival. The majority of early undernutrition treatments is based on low-cost dietetic strategies, whereas late treatments of more severe and advanced cases is less effective and more costly to the national health care budget.

3. Primary undernutrition prevention will allow promotion of a balanced and healthy diet. Implementation of primary prevention strategies allows the reduction of exposure to well known risk factors to other highly prevalent conditions in our country, such as cardiovascular diseases and cancer, resulting in unequivocal benefits to the Portuguese population health. In addition, our country has an adequate number of well-trained professionals to develop these tasks.

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One example of what has been achieved in several Portuguese Hospitals (data presented by Ana Lopes, MD, at APNEP Congress 2013 – Hospital of Faro)

- Clinical Nutrition Group (CNG) is composed by doctors, nurses, dietician, nutritionist and a pharmacist
 - CNG developed an "undernutrition prevention and treatment program"
 - Board of Directors (BoD) approved it in December 2010
 - It includes goals, diagnosis of situation, timeline of application, intervention plan, action schedule, and audit of programs implementation
 - Training of all staff directly or indirectly involved in patients nutrition and implementation of undernutrition screening were considered priority
 - Implementation: doctors, nurses and other health care professionals acknowledged the program in an overall staff meeting, including a BoD member. Every hospital ward had a doctor and nurse designated as a connection bond with the CNG
 - Training:
 - 2011: Basic Annual Course in Clinical Nutrition (at the hospital, accessible to anyone)
 - 2012: Advanced Courses in Clinical Nutrition in every hospital ward. Basic nutrition training for catering services staff
 - Algarve University (since 2011): Courses of Clinical Nutrition in medical doctors masters degree curricula
 - Community (since 2008): undernutrition prevention training of elderly and their caregivers
 - Undernutrition screening: Nutritional Risk Screening-2002 (NRS-2002)
 - Performed by nursing staff at ward admission
 - Registered in a computer program, open accessed by dietitians
 - Green (well nourished) or red light (undernourished -> obligatory patient evaluation and intervention)
 - Screening implementation has been tardy mainly due to software constraints
- Final remarks:** the existence of an organized, dynamic, persistent and fully committed CNG is fundamental for the success of such a program. Continuous training, work meetings, and audits are essentials parts of the process.

Conclusions & future strategies (relevance for nutrition policy)

- Create and implement a National Plan for the Prevention, Screening and Treatment of DRM
- Work with companies in order to develop more suitable and affordable oral supplements and/or National Health Service reimbursement of specific products
- Continue to work with the Education and Health Ministries to promote under and post-graduate food&nutrition habilitations for professionals that closely deal with patients
- Translate to Portuguese all the LLL-courses and nutritionDay documents and webpages
 - Enlarge the scope of LLL-live courses ministered
 - Raise awareness of performing ND in every hospital unit and nursing home of the country
- Continue to implement DRM screening and monitoring at all health and non-health care facilities as well as document its presence and quantify its economic and quality of life impacts
- An auditing to Portuguese public hospitals has been conducted in 2009 by the Ministry of Health. GED is stressing the need for a reassessment.
- Continue to conduct research on undernutrition screening and intervention