Undernutrition Study Group (GED)
Portuguese PEN Society - APNEP

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Undernutrition and Preventive Strategies: Action Plan to Fight Malnutrition

How? (activities & results)
2. GED met with the Minister of Health-Evaluation to present its action plan to fight undernutrition.
3. GED had working meetings with most medical schools, the board of directors in order to set forth a curricula (prepared by GED) in nutrition for undergraduate medical students (still under appreciation).
4. 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.1111

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)

5. 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.

6. GED recommends the adoption of a standardized terminology to be used.11

7. GED has worked with restaurants in order to promote specific menus for undernourished patients and raise awareness of these companies staff for this condition (well accepted and visited by all of them)

8. GED encourages and gives scientific support to research and contributes to numerous publications over the topic of undernutrition

9. Between 2012 and 2013 APNEP has so far conducted 10 basic LIL-five courses (a total of over 250 participants): “Approach to Oral and Enteral Nutrition”, “Approach du Parenteral Nutrition”, “Nutritional Assessment and Techniques” and “Nutritional Support in ICU Patients”.

10. 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 force of these units).

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

Clinical Nutrition-Group (CMG) was composed by doctors, nurses, dietetists, nutritionists and a pharmacist.
CMG developed an “undernutrition prevention and treatment program”

• Board of Directors (BoD) approved it in December 2010

• It includes: diagnosis, diagnosis of patients, intervention plan, action schedule, and audit of program implementation

• Training of all staff directly or indirectly involved in patients nutrition and implementation of undernutrition screening and prevention

Implementation: doctors, nurses and other health care professionals acknowledged the program in an overall meeting, including a BoD member. Every hospital ward had a doctor and nurse designated as a coordinator for the CMG

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 and nurse degree curricula

Community (since 2008): undernutrition prevention and training in schools and hospital caregivers


• Performed by training staff with admissal

• Registered in a computer program, open accessed by all members

• Given (scored) the risk levels such: - Mortality (0-4) - Inevitable 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 connected CMG is fundamental for the success of such a program

Conclusions & future strategies (relevance for nutrition policy)

1. Create and implement a National Plan for the Prevention, Screening and Treatment of DRM

2. Work with companies in order to develop more suitable and affordable oral supplements and/or National Health Service reimbursement of specific products

3. Continue to work with the Education and Health Ministries to promote under and post-graduate food/nutrition habilizations for professionals that closely deal with patients

4. Translate to Portuguese all the LIL-courses and nutritionDay documents and webpages

• Enlarge the scope of LIL-five courses ministered

• Raise awareness of performing ND in every hospital unit and nursing home of the country

5. 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

6. An auditing to Portuguese public hospitals has been conducted in 2009 by the Ministry of Health. GED is stressing the need for a reassessment

7. Continue to conduct research on undernutrition screening and intervention