

# DISCUSSION TOPIC

Limitations for implementing medical nutrition in clinical practice



THE EUROPEAN  
SOCIETY FOR  
CLINICAL  
NUTRITION AND  
METABOLISM

**GENERAL DISCUSSION**

Chair: Anibal Marínho; Co-chair A Van Gossum

# Council Members who completed and returned the survey :

- Argentina – Mariela Suarez (AANEP)
- Australia - Ibolya Nyulasi (AuSPEN)
- AUSTRIA - Karin Schindler (AKE)
- Belgium – A. Van Gossum (SBNC)
- Belgium - Karolien Dams (VVKVM)
- Brazil - Maria Cristina Gonzalez (SBNPE)
- Czech Republic - Frantisek Novak (CzechSPEN/ SKVIMP)
- Cyprus - Ελίνα Ιωάννου (CySPEN)
- Danish Society - Henrik Højgaard Rasmussen (DASPEN)
- England – Simon Gabe (BAPEN)
- Finland - Ulla Siljamäki-Ojansuu (FISPEN)
- France - Eric Fontaine (SFNEP)
- Greece -Liana Poulia (Grespen)
- Hungary – Peter Tamasi (HSPEN / MMTT)
- Indonesia – Hartono (INASPEN / PERNEPARI)
- Ireland - Orla Crosbie (IrSPEN)
- Japan - Joji Kotani (JSPEN)
- Latvia - Laila Meija (LASPEN)
- Malaysia - Mohamad Shukri Hagit (PENSMA)
- Netherlands - Geert Wanten (NESPEN)
- Norway - Øivind Irtun (NSKE)
- Philippines - Eliza Mei Francisco (PHILSPEN)
- Poland - Stanislaw Klek (POLSPEN / PTZPDIM)
- Portugal – Aníbal Marinho (APNEP)
- P.R. China – Jianchun Yu (CSPEN)
- South Africa - Christina Nieuwoudt (SASPEN)
- Spain -Cristina Cuerda (SENPE)
- Sweden - Åke Nilsson (SWESPEN)
- Switzerland - Genton Graf Laurence (GESKES / SSNC)
- Thailand - Veeradej Pisprasert (SPENT)

30 Council Members

# Opening Remarks

- The most prevalent causes of morbidity and mortality in developed and developing countries are associated with eating disorders.
- Most people are unaware of their recommended daily energy intake. Few pay attention to the caloric composition of the food they eat while many do not even weigh themselves regularly.
- What is more worrying is the fact that many in the medical profession are equally uninformed in regards to basic knowledge about nutrition even though nutrition status has been shown to have important effects on health in recovery from illness or injury.

# Opening Remarks

- The comprehensive approach of this problem is not easy though we have taken steps to improve matters but progress has not been as quick as we would like.
- Because of this lack of knowledge, malnutrition in hospitals remains largely unrecognised.
- Based on these arguments ESPEN (The European Society for Clinical Nutrition and Metabolism) has selected this issue to discuss in the Council meeting to be held in Nice in January 2017.
- A survey was previously carried out among ESPEN council members in order to understand the limitations for implementing medical nutrition in clinical practice.

# DISCUSSION TOPIC

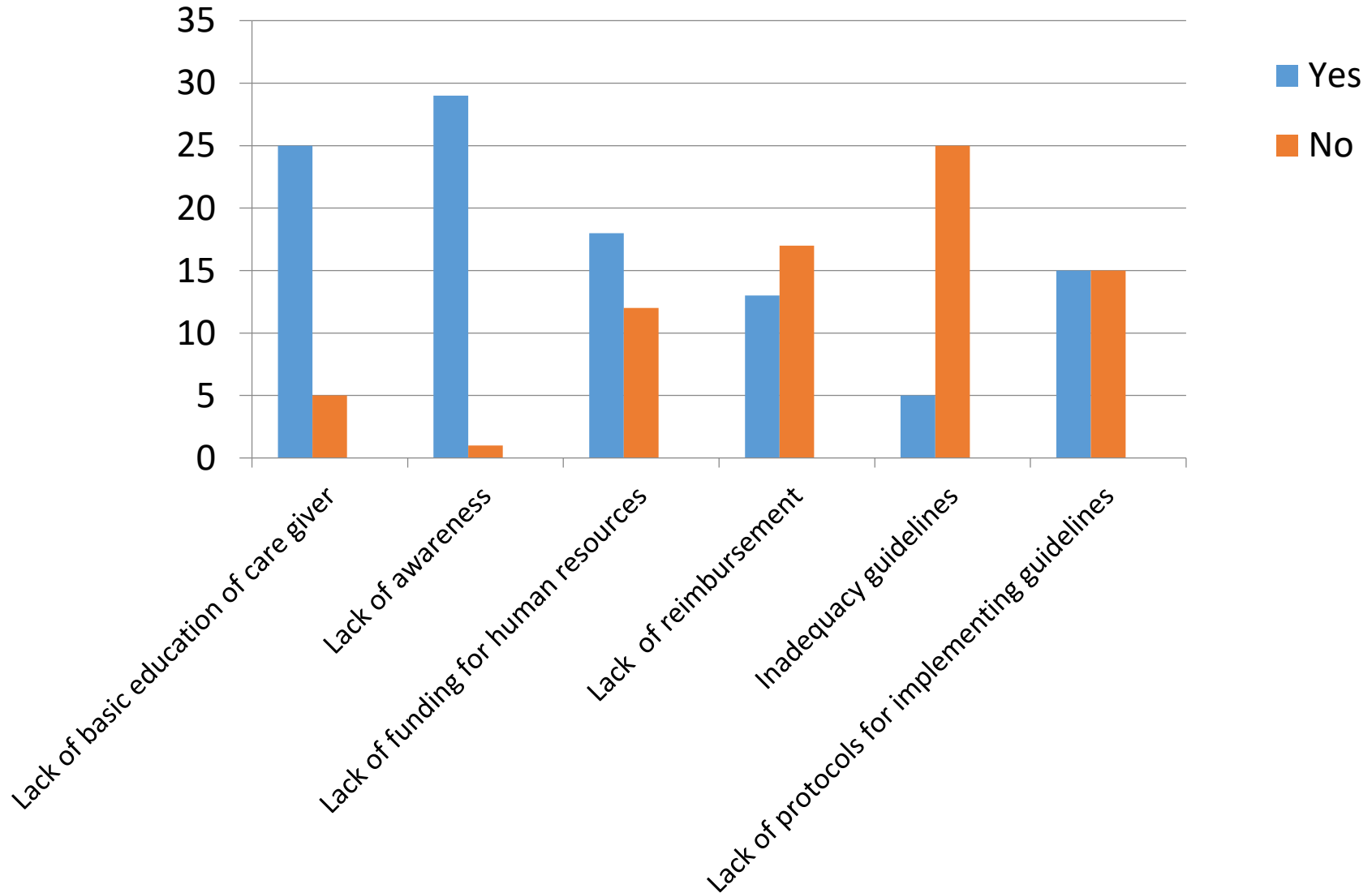
Limitations for implementing medical nutrition in clinical practice



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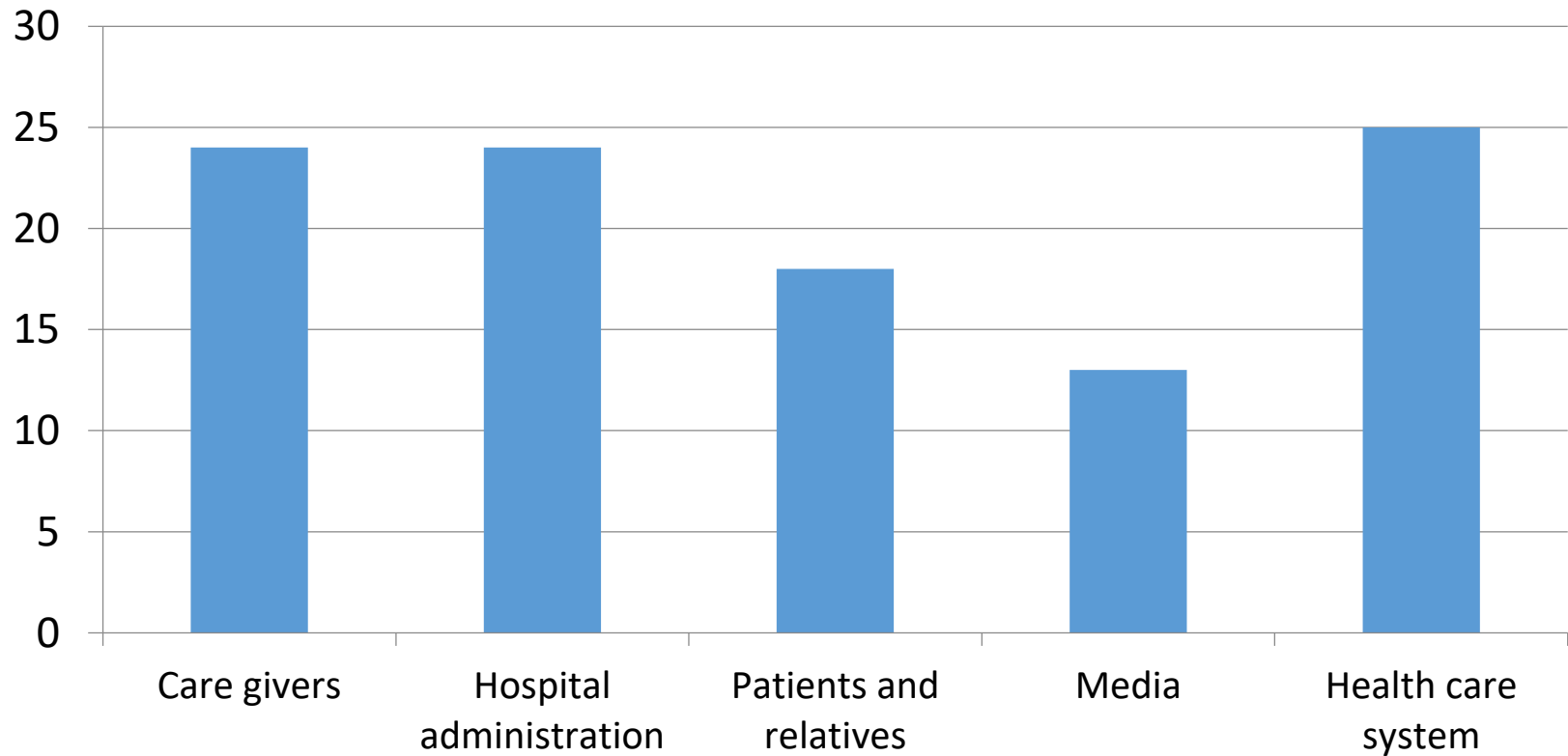
**Results**

# What are the factors limiting the implementation of clinical nutrition knowledge?

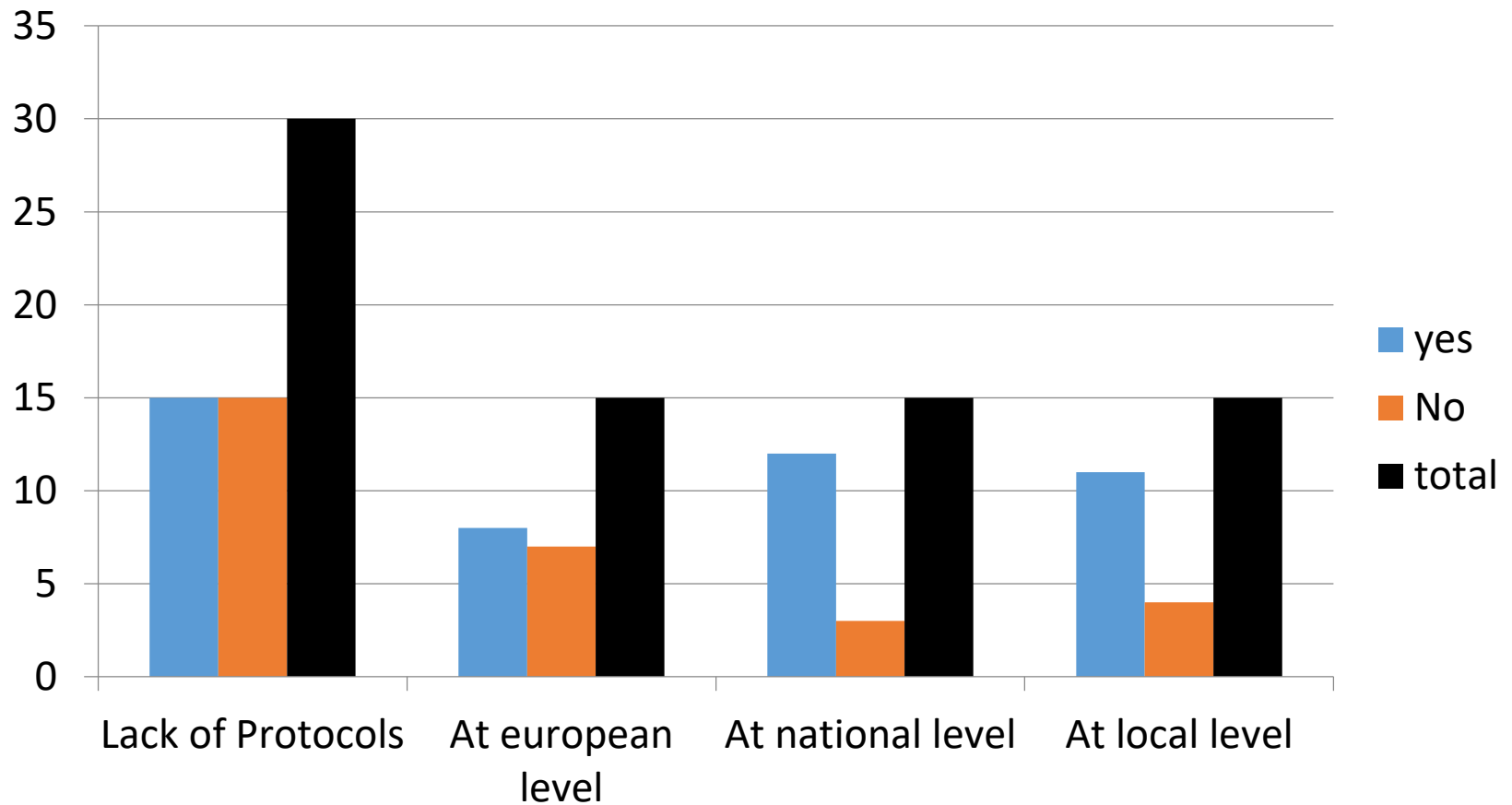


# Lack of awareness of the...

## Lack of awareness



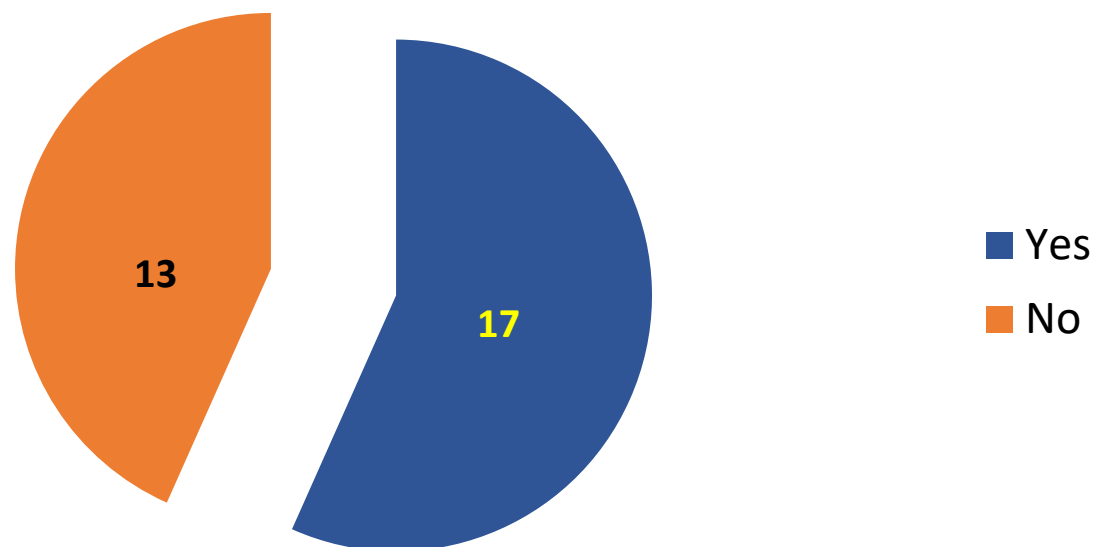
# Lack of protocols for implementing guidelines





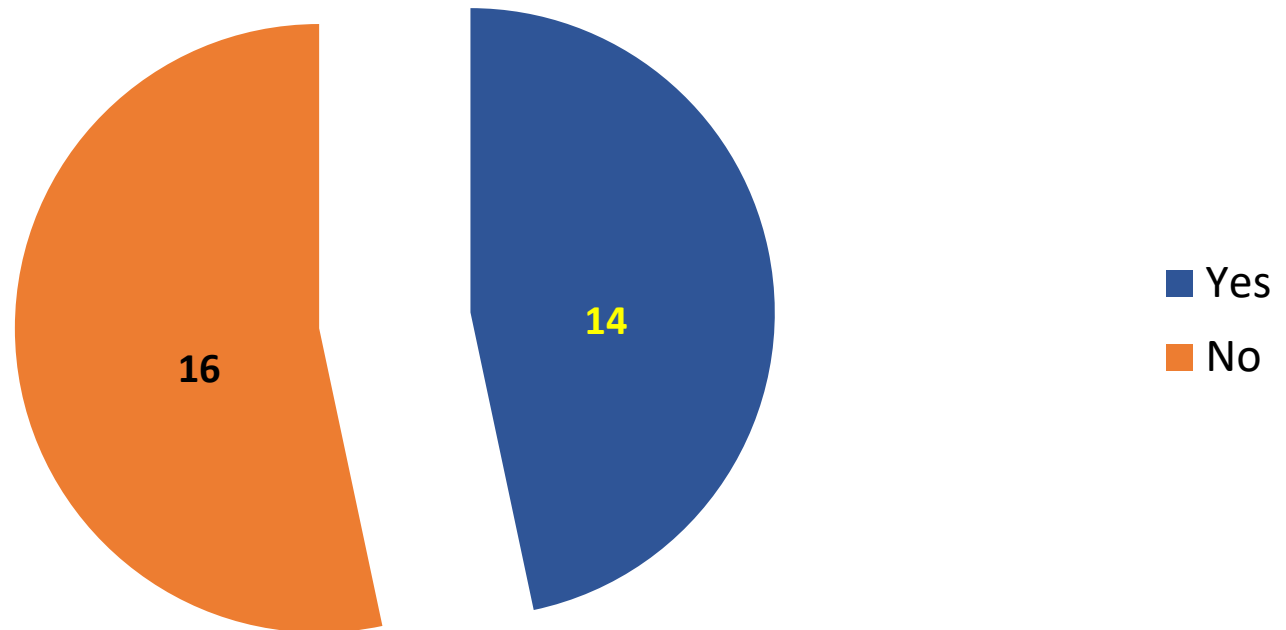
# Does your PEN society have a malnutrition policy/guidelines?

## Malnutrition policy / guidelines



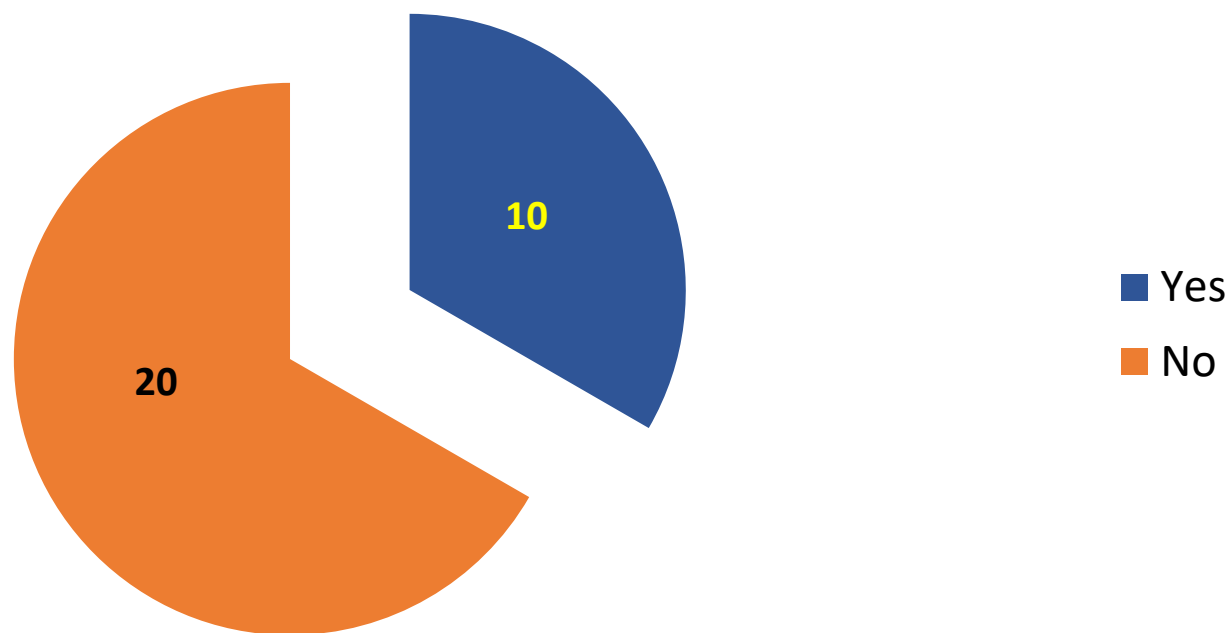
# Does your Hospital have a malnutrition policy/guidelines?

Hospital have a malnutrition policy/guidelines?



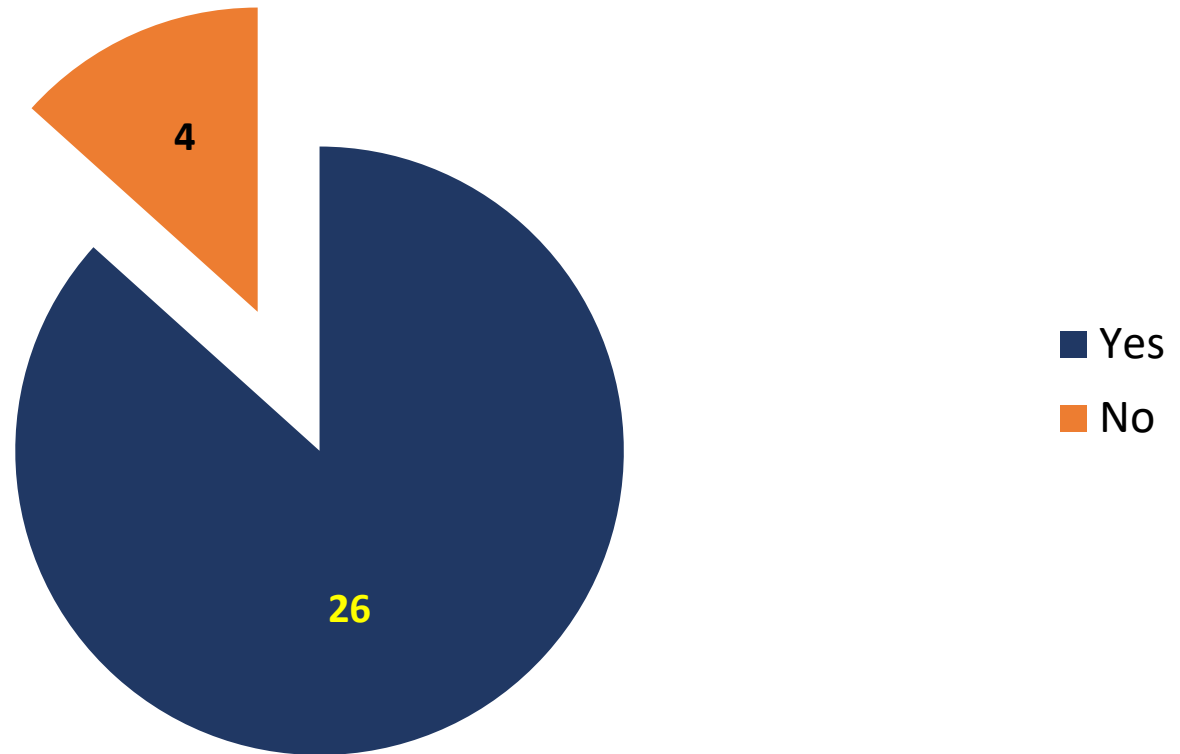
# Does your Health Ministry require reporting on nutrition related indicators?

Health Ministry require reporting on nutrition related indicators



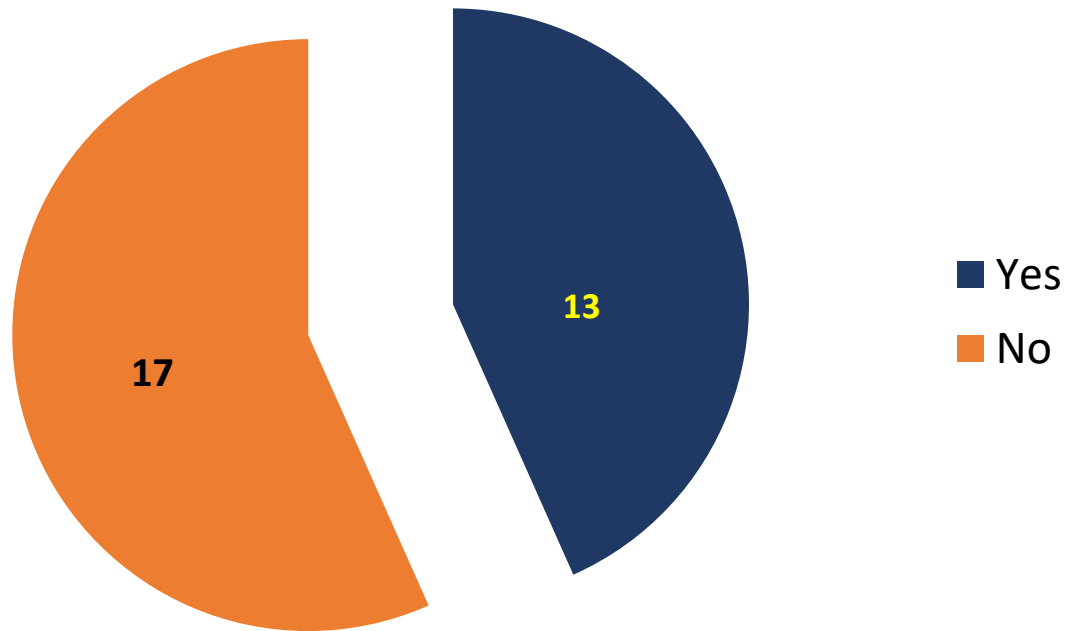
# Does your National PEN Society website have a link to ESPEN's website?

Link to ESPEN's website?



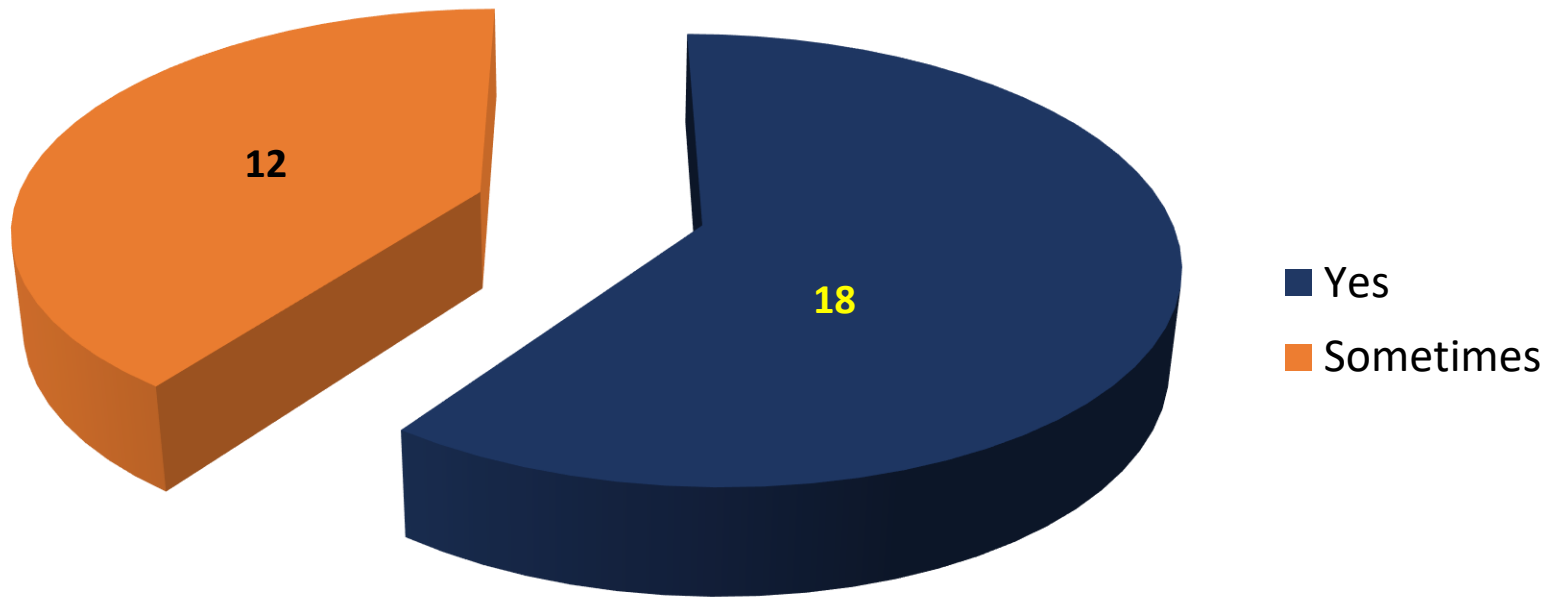
# Does your PEN Society have a Facebook Page?

## Facebook Page?



# Do you regularly send updates regarding new ESPEN or ASPEN... initiatives to your members?

Send updates regarding new ESPEN or ASPEN... initiatives to your members?



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Would you like to say anything about these results before I go to the comments from the survey?

# DISCUSSION TOPIC

## Limitations for implementing medical nutrition in clinical practice



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**Comments from the survey**  
on “limitations for  
implementing medical  
nutrition in clinical practice”



# Is your National PEN Society doing enough to spread knowledge regarding clinical nutrition education?

*Some comments reported in the survey by council members*

- **“Enough is never enough”**

- “Yes to some extent but there is room for improvement”
- “We try to do our best... , but it is not enough”
- “We are doing a lot but never enough”
- “Not yet but it is slowly increasing”

- **What is enough?**

- Runs regular yearly scientific meeting
- 2 advanced courses per year
- 2 LLL sessions per year
- Updating website and other electronic communications

???????

# Is your National PEN Society doing enough to spread knowledge regarding clinical nutrition education?

*Some comments reported in the survey by council members*

- “Structural and local problems”

- “We are doing what we can with an active but **small group**”
- “No.... unfortunately, we do **not have a large number** of members yet; especially doctors”
- “Appoint **permanent staff** to the societies”
- “**Financial support** for spreading the message...”
- “We have tried a lot of things, and we are still focused on obtaining **more funding** for malnutrition. But the authorities are still not convinced that the cost of what we are proposing will be a source of savings.

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

- How can ESPEN help? Here are some suggestions from the survey
  - “Influence / Political pressure / Development of clear recommendations for governments”
    - “Pressurise governments” - “We’ve been doing it – alerting the Ministry about the nutritional issues”
    - “Influence politicians at EU level – using the EU presidencies in the different countries...”
    - “To invite the higher ranking officials from the Ministry of Health to ESPEN congress as honorary delegates”
    - “The development of clear recommendations for governments”
    - “Make it clear to all (authorities, general population, care givers) that **malnutrition is a disease and not only a symptom.**”

# **“Limitations for implementing medical nutrition in clinical practice”**

*Some comments reported in the survey by council members*

- **How can ESPEN help? Here are some suggestions from the survey**
  - “Collaboration with local PEN in order to create new guidelines”
  - **“Exchange of experiences between member countries” “More joint actions between countries”**
  - “Spread the knowledge everywhere” and “Continue raising awareness about clinical nutrition”
  - “Continue providing different tools to the member countries (guidelines, LLL courses, videos on malnutrition awareness) and also collaborate in the ONCA campaign”

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

- How can ESPEN help?

- “It would be useful for ESPEN to develop a model for earlier adoption / adaptation as necessary, of its clinical guidelines by national evaluation committees from PEN societies, (ideally working in collaboration with national healthcare service representatives), aimed at **faster translation of guidelines into practice across Europe.**”

- More involvement of PEN Societies in ESPEN activities

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

- Few doctors involved in the process ... and lack of clinical nutrition education in medical schools
  - “Many active **medical doctors** prefer the society of their own speciality (intensive care, geriatrics etc.) and so it was difficult to get them involved as active members of Nutriton PEN Society”
  - “To get **more medical doctors** as members and participate in the operation of PEN society and so promote the awareness of nutrition”
  - “... unfortunately, we do not have a large number of members yet; **especially doctors**”
  - “**Lack of clinical nutrition education curricula** in all national health care givers undergraduate and postgraduate”

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

## Some suggestions from the survey:

- **More clinical nutrition education at undergraduate and postgraduate level**
- “Inclusion of clinical nutrition in all national health care givers undergraduate and postgraduate education curricula”
- “Should implement nutrition knowledge in medical training programs”
- “Education of doctors (post graduate and soon, at undergraduate level)”
- “We need to ensure that nutrition / clinical nutrition modules are included in undergraduate medical / healthcare professional education”
- “Not only post-graduate but also undergraduate education of clinical nutrition should be further encouraged”
- “Think how to reach the ones who have no interest in nutrition”

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

## Others suggestions – “Spread the knowledge everywhere....”

- “Integrate nutrition in the activities of **other societies – specialties**”
- “Cooperation **between health societies** to disseminate, train and implement nutritional screening tools”
- “We have planned to work in close cooperation with the **societies of different medical specialty** / Education of medical doctors / Promoting collaboration and multidisciplinary teamwork ”
- “Provide basic nutrition education (even to **primary schools**)”



# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

## Others Problems / Suggestions:

- “Implement compulsory **malnutrition screening**”
- “Cooperation between health societies to disseminate, train and **implement nutritional screening tools**”
- “Influence the MoH and Local Administrations for the inclusion of **screening policy and nutrition** related indicators as quality indicators of the hospitals / Increase the reimbursement of ONS in some diseases”
- “**Screening for all in-patients** / Empower the Nutrition Therapy Team to deliver the nutritional care plan – until all clinicians are well versed with nutritional education and policy”

# “Limitations for implementing medical nutrition in clinical practice”

*Some comments reported in the survey by council members*

## Others Problems / Suggestions:

- “Have a **consensus** about the benefits of nutrition management in term of cost-effectiveness”
- “Lobby the government and insurance providers to subsidize nutrition support process and products”
- “Convince Health Care stakeholders about the importance of nutrition”
- “Have some impact and influence on primary care (general practice)”
- “To perform a nationwide survey regarding the existence of malnutrition and return the analysis results to the participants”
- “Participate in **ONCA action**”

## Close Remarks

- **Particular comments made by council members summarize what all members are thinking:**
  - “Enough is never enough”
  - “More political pressure”
  - “Education of doctors” (post graduate and at undergraduate level)
  - “Spread the knowledge everywhere”

# Close Remarks

- **What would council members like to see from ESPEN?**
  - "More political pressure in order to optimize nutrition care and raise awareness among all the stakeholders."
  - "Implementation of new guidelines, to develop interesting educational courses while post-graduate and also undergraduate education (even in primary schools) of clinical nutrition should be further encouraged."
  - "Exchange of experiences and ideas among members"
  - "As all active medical doctors are members of their own primary specialty, ESPEN should create protocols with other European medical societies so that they can include nutrition education in their own agendas (Congresses, Pre Congress course...) - "Spread the knowledge everywhere"

## Close Remarks

- **What would council members like to see from their own PEN Society?**
  - “Cooperation between other medical societies to disseminate, train and implement nutritional screening tools”.
  - "More political pressure in order to optimize nutrition care and raise awareness among all the stakeholders"
  - “Education of doctors (post graduate and at undergraduate level)” - “we need to ensure that nutrition / clinical nutrition modules are included in undergraduate medical / healthcare professional education”.
  - "Faster translation of guidelines from theory into practice"
  - “Implement compulsory malnutrition screening to all patients, including older adults”
  - “More funding for malnutrition” in order to “Have enough data to convince and encourage all health care workers regarding the cost-effectiveness of nutrition management.”

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**Comments are very welcome**