MULTIDISCIPLINARY CONSENSUS ON HOSPITAL MALNUTRITION IN SPAIN:

A step forward of the Spanish Society for Parenteral and Enteral Nutrition (SENPE) to its compromise on the fight against malnutrition
Spanish Society for Parenteral and Enteral Nutrition

PREVIOUS WORK

Malnutrition White Paper
Nutrition Screening Recommendations
Quality Indicators for Nutrition Units

“Multidisciplinary Consensus on Hospital Malnutrition in Spain”
Recomendaciones sobre la evaluación del riesgo de desnutrición en los pacientes hospitalizados

Recommendations on the need to evaluate the risk of malnutrition in hospitalized patients

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SENPE – SEDOM document on coding of hospital malnutrition

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Crítica de libros

**Indicadores de calidad para las Unidades de Nutrición Clínica**

*Quality indicators refered to the structure of Specialized Nutritional Support Units*

Fight Against Malnutrition

2009

“Multidisciplinary Consensus on Hospital Malnutrition in Spain”
Uno de cada cuatro pacientes padece desnutrición hospitalaria, y supone un incremento del coste de hasta un 50% más.

La desnutrición hospitalaria en España: estudio PreDyCes

Prevalencia y costes asociados en España

"Multidisciplinary Consensus on Hospital Malnutrition in Spain"
A nationwide, cross–sectional study aimed at estimating the prevalence and cost of hospital malnutrition in Spain

1707 patients included in the prevalence malnutrition analysis

470 patients included in the cost of malnutrition analysis
Prevalence of malnutrition (NRS2002 ≥3)

23 %

Neoplasms: 35%
Respiratory system: 29%
Circulatory system: 28%
Symptoms, Signs, ...: 24%
Total: 23%
Digestive system: 18%
Genitourinary system: 17%
Injuries: 16%
Others: 13%
Musculoskeletal System: 10%
PREDYCES® Study

Length of stay (days)

- Non-malnourished
- Malnourished (only on admission)
- Malnourished (on admission and discharge)
- Malnourished (only on discharge)

Hospitalisation cost

2010

“Multidisciplinary Consensus on Hospital Malnutrition in Spain”
Houston, we have a problem........
Original

Multidisciplinary consensus on the approach to hospital malnutrition in Spain

A. García de Lorenzo¹, J. Álvarez Hernández², M. Planas³, R. Burgos⁴ and K. Araujo⁵; the multidisciplinary consensus work-team on the approach to hospital malnutrition in Spain
CONSENSO MULTIDISCIPLINAR sobre el abordaje de la desnutrición hospitalaria en España
Consensus paper: position statement to fight against hospital malnutrition

PROJECT METHODS

- Literature search
- Literature review
- Consensus conference
- Final recommendations
- SING classification (Scottish Intercollegiate Guidelines Network)
Recommendations outside hospital setting

**Primary Health Care**

- Screening with MUST in adults with clinic suspicion of malnutrition.
- Screening with MNA SF in old people.
- Assessment and follow-up (≤ 6 months) by health professionals involved in direct patient care.

**Nursing homes**

- Screening on admission and / or clinical suspicion of malnutrition and / or presence of nutritional risk.
- Assessment and follow-up (≤ 6 months) by health professionals involved in direct patient care.
Recommendations at hospital admission

SCREENING

• Universal screening at 24-48 hours of admission with the most feasible method:
  • Minimum: BMI, involuntary weight changes and changes in normal intake
  • Ideal: NRS 2002.

• Assessment by health professionals involved in direct patient care.

• Re-evaluation of nutritional risk at least 1 time per week when initial screening is negative.

• Application of diagnostic-therapeutic protocol in patients with positive initial screening.
Recommendations during hospitalization

**INTERVENTION**

- After diagnosis of malnutrition, nutritional requirements definition based on clinical condition and underlying pathology.

- Inadequate intakes: causes evaluation, systematic inspection and adaptation of menu to personal needs.

- Prescription of treatment * (oral supplements) if insufficient response to initial dietary intervention.

- Prescription of treatment* (enteral nutrition) if it persists despite oral intake of dietary intervention and oral supplementation (requires confirmation of GI tract function unaltered).

- Parenteral nutrition* is reserved if here is contraindication to enteral nutrition or it is insufficient.

* Compliance, tolerability and efficacy of treatment will be monitored and recorded.
The final version of the Consensus Paper was formally presented at the Spanish Ministry of Health.
Main Achievements

- Under SENPE leadership, 22 medical societies have participated in a consensus process designed to establish recommendations on the prevention, screening, diagnosis, treatment and monitoring of disease related malnutrition.

- Formulation of recommendations are based on the best available clinical evidence (based on SIGN criteria).

- Diversity of participating organizations and huge involvement will facilitate the successful implementation of the recommendations.

- The Consensus paper will be decisive in extending the importance of fighting against malnutrition across a very wide spectrum of medical practice.
Future Plans

• Improvement in the basic education of clinical nutrition for doctors and nurses in Primary Care, Nurses Homes and Hospital. Make a slide kit with the most important concepts.

• Incorporation of nutritional assessment in electronic medical records.

• Mandatory screening and nutritional assessment as part of quality criteria of all health-care settings in Spain.

• Strategic plan to involves local health authorities.

• “Without -Malnutrition Hospitals” Network
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