



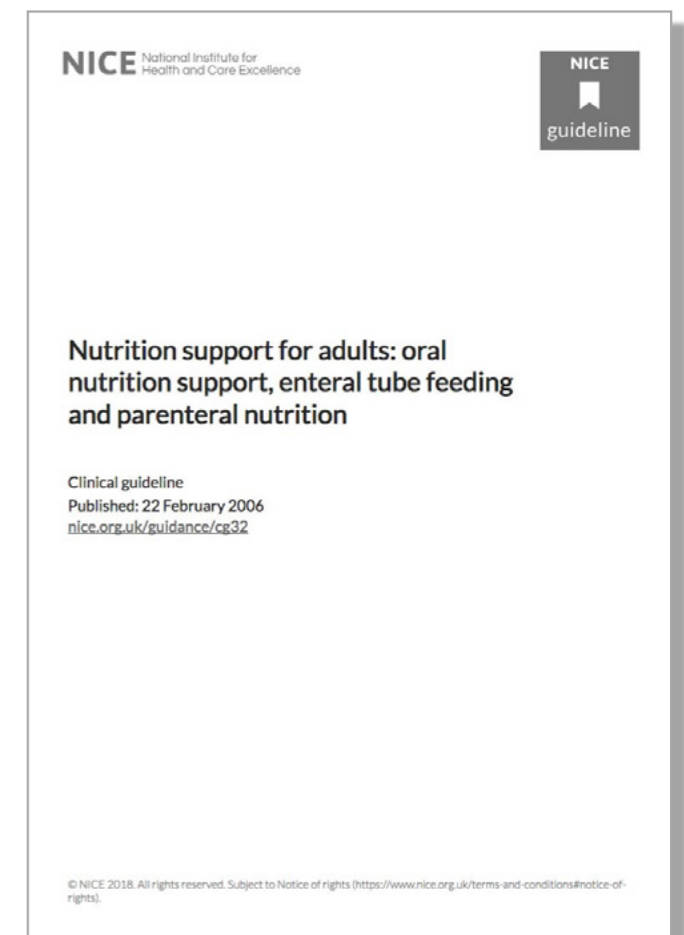
Guidelines and Reports

**A Selection of National Guidance and Key Reports
on Identifying and Treating Malnutrition**



National Institute for Health and Care Excellence (NICE) CG32 (2006) (updated 2017)

- Recommends widespread screening to identify those at risk of malnutrition
- The need for training and systems to manage appropriately when identified and prevent where possible
- Oral nutrition support to manage malnutrition (A-grade evidence)
- 2 common oral nutrition support strategies are:
 - dietary advice to increase nutrient content of diet
 - oral nutritional supplements (ONS)
- Last update August 2017



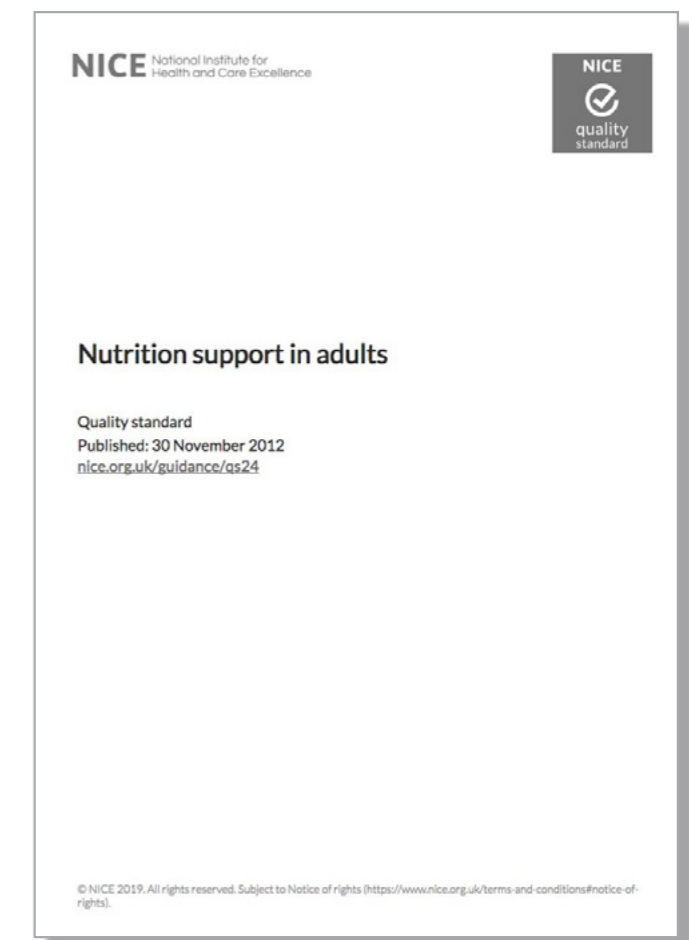
Reference:

National Institute for Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006 (updated 2017).



National Institute for Health and Care Excellence (NICE) QS24 (2012)

- People in care settings are screened for the risk of malnutrition using a validated screening tool
- People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements
- All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings



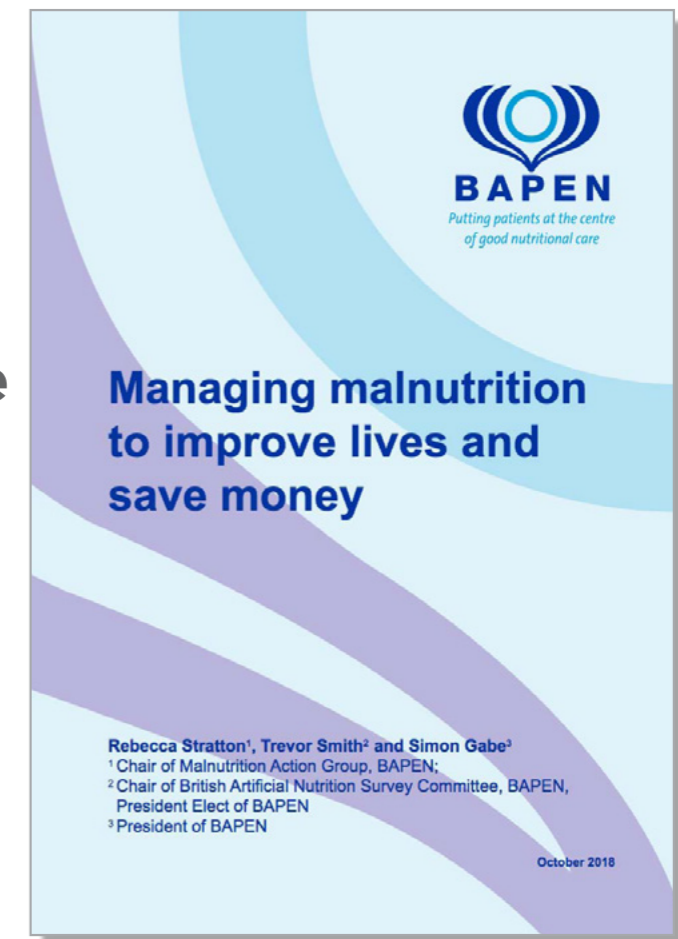
Reference:

National Institute for Health and Care Excellence (NICE). Nutrition support in adults. Quality Standard 24. 2012



BAPEN report Managing malnutrition to improve lives and save money (2018)

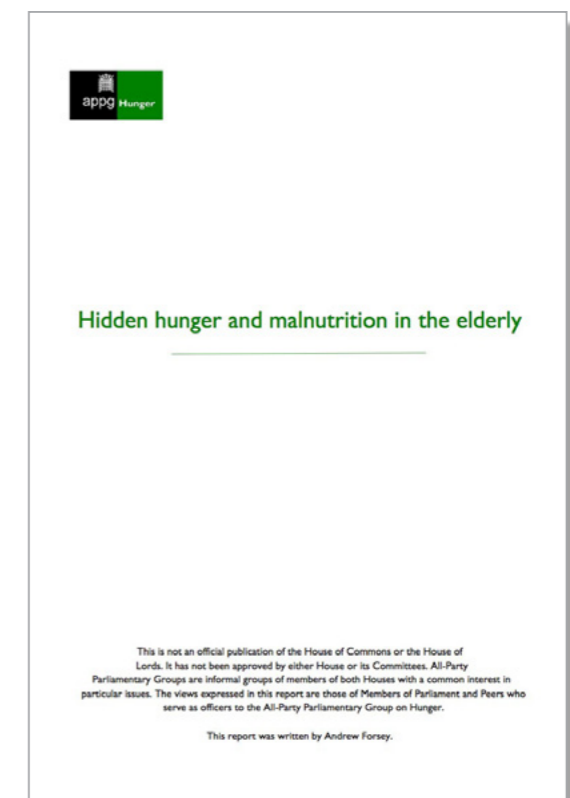
- This report outlines:
 - the importance of identifying and appropriately managing malnutrition
 - the cost savings that can be achieved by appropriate management of malnutrition





All Party Parliamentary Group (APPG) on Hidden Hunger & Malnutrition in the elderly (2018)

- Highlights that malnourished individuals are more vulnerable to accidents, ill-health and take longer to heal
- Calls for the Government to take action to tackle malnutrition in the growing elderly population as, in doing so, savings exceeding £15bn a year to the NHS and social care could be realised



feedingbritain.org/wp-content/uploads/2022/02/Hidden-Hunger-and-Malnutrition-in-the-Elderly-APPG.pdf



Guideline on Clinical Nutrition in Geriatrics (2019)

ESPEN provides 82 evidence-based recommendations for nutritional care in older people

Key messages include:

- screen all older people with a validated tool to identify malnutrition early
- carry out nutritional interventions as part of a multimodal, multidisciplinary team to support adequate dietary intake, maintain/increase body weight and improve functional and clinical outcomes (B grade)
- **for older people who are malnourished or at risk of malnutrition:**
 - offer ONS in patients with chronic conditions when dietary counselling/food fortification are not sufficient to increase intake and reach goals (GPP)
 - offer ONS after hospital discharge to improve intake, weight and reduce functional decline (these should provide at least 400kcal and ≥ 30 g protein per day) (A grade)
 - ONS should be continued for at least one month with benefit and compliance assessed (GPP)

www.espen.org/files/ESPEN-Guidelines/ESPEN_guideline_on_clinical_nutrition_and_hydration_in_geriatrics.pdf

Reference:

Volkert D et al. ESPEN guideline on clinical nutrition and hydration in geriatrics. Clin Nutr. 2019; 38 (1): 10-47

NB: A grade = at least one meta-analysis, systematic review, or randomized controlled trial (RCT) that is rated as 1++, and directly applicable to the target population; a body of evidence that consists principally of studies rated as 1+, directly applicable to the target population and demonstrates overall consistency of results

B grade = A body of evidence that includes studies rated as 2++, is directly applicable to the target population; or a body of evidence including studies rated 2+, directly applicable to the target population and demonstrating overall consistency of results; or extrapolated evidence from studies rated as 1++ or 1+

GPP = Good Practice Points/expert consensus: Recommended best practice based on the clinical experience of the guideline development group





ESPEN Practical Guideline: Clinical Nutrition in Cancer (2021)

- Practical guideline based on the current scientific ESPEN guidelines on nutrition in cancer patients
- Shortened guidance is transformed into flow charts for easier use in clinical practice
- Includes a total of 43 recommendations with short commentaries for the nutritional and metabolic management of patients with neoplastic diseases
- Includes:
 - general concepts of treatment relevant to all cancer patients
 - interventions relevant to specific patient categories

Clinical Nutrition 40 (2021) 2898–2913

Contents lists available at ScienceDirect

Clinical Nutrition

ELSEVIER journal homepage: <http://www.elsevier.com/locate/clnu>

ESPEN Guideline

ESPEN practical guideline: Clinical Nutrition in cancer

Maurizio Muscaritoli ^{a,*}, Jann Arends ^b, Patrick Bachmann ^c, Vickie Baracos ^d, Nicole Barthelemy ^e, Hartmut Bertz ^b, Federico Bozzetti ^f, Elisabeth Hütterer ^g, Elizabeth Isenring ^h, Stein Kaasa ⁱ, Zeljko Krznaric ^j, Barry Laird ^k, Maria Larsson ^l, Alessandro Laviano ^m, Stefan Mühlebach ⁿ, Line Oldervoll ^o, Paula Ravasco ^o, Tora S. Solheim ^p, Florian Strasser ^q, Marian de van der Schueren ^{r,s}, Jean-Charles Preiser ^t, Stephan C. Bischoff ^u

^a Department of Translational and Precision Medicine University La Sapienza, Rome, Italy
^b Department of Medicine I, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany
^c Centre Régional de Lutte Contre le Cancer, Lyon, France
^d Department of Oncology, University of Alberta, Edmonton, Canada
^e Centre Hospitalier Universitaire, Liege, Belgium
^f University of Milan, Milan, Italy
^g Division of Oncology, Department of Medicine I, Medical University of Vienna, Austria
^h Bondi University, Gold Coast, Australia
ⁱ Norwegian University of Science and Technology, Trondheim, Norway
^j University Hospital Center and School of Medicine, Zagreb, Croatia
^k Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, UK
^l Karlstad University, Karlstad, Sweden
^m University of Basel, Basel, Switzerland
ⁿ Center for Crisis Psychology, University of Bergen, Norway/Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, The Norwegian University of Science and Technology (NTNU), Trondheim, Norway
^o Faculty of Medicine, University of Lisbon, Lisbon, Portugal
^p Cancer Clinic, St. Olavs Hospital, Trondheim University Hospital, Department of Clinical and Molecular Medicine, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Norway
^q Oncological Palliative Medicine, Clinic Oncology/Hematology, Department Internal Medicine and Palliative Center, Cantonal Hospital St. Gallen, Switzerland
^r HAN University of Applied Sciences, Nijmegen, the Netherlands
^s Wageningen University and Research, Wageningen, the Netherlands
^t Erasme University Hospital, Université Libre de Bruxelles, Brussels, Belgium
^u Department for Clinical Nutrition, University of Hohenheim, Stuttgart, Germany

ARTICLE INFO

Article history:
Received 23 January 2021
Accepted 23 January 2021

Keywords:
Cancer
Cachexia
Malnutrition
Anorexia
Radiotherapy
Chemotherapy

SUMMARY

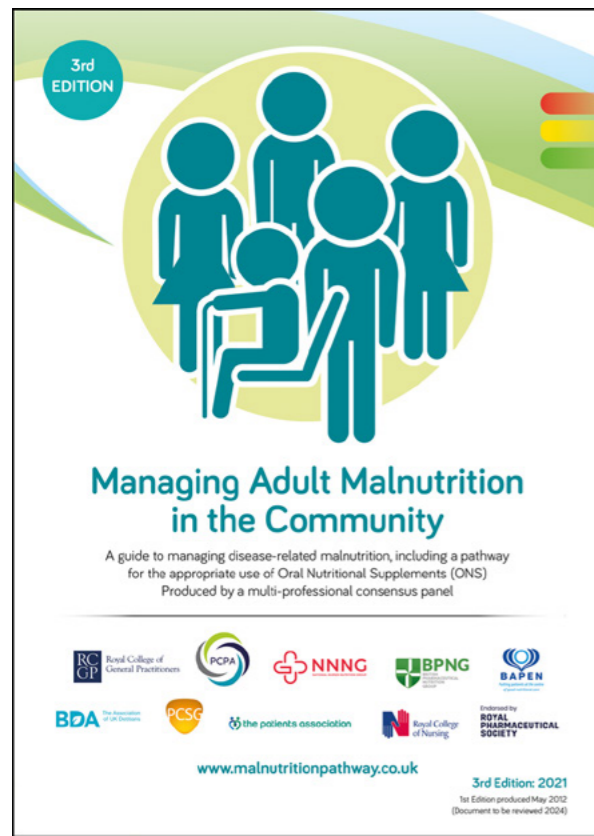
Background: This practical guideline is based on the current scientific ESPEN guidelines on nutrition in cancer patients.
Methods: ESPEN guidelines have been shortened and transformed into flow charts for easier use in clinical practice. The practical guideline is dedicated to all professionals including physicians, dietitians, nutritionists and nurses working with patients with cancer.
Results: A total of 43 recommendations are presented with short commentaries for the nutritional and metabolic management of patients with neoplastic diseases. The disease-related recommendations are preceded by general recommendations on the diagnostics of nutritional status in cancer patients.
Conclusion: This practical guideline gives guidance to health care providers involved in the management of cancer patients to offer optimal nutritional care.
© 2021 European Society for Clinical Nutrition and Metabolism. Published by Elsevier Ltd. All rights reserved.

* Corresponding author.
E-mail address: maurizio.muscaritoli@uniroma1.it (M. Muscaritoli).

<https://doi.org/10.1016/j.clnu.2021.02.005>
0261-5614/© 2021 European Society for Clinical Nutrition and Metabolism. Published by Elsevier Ltd. All rights reserved.



A Guide to Managing Adult Malnutrition in the Community (2021)

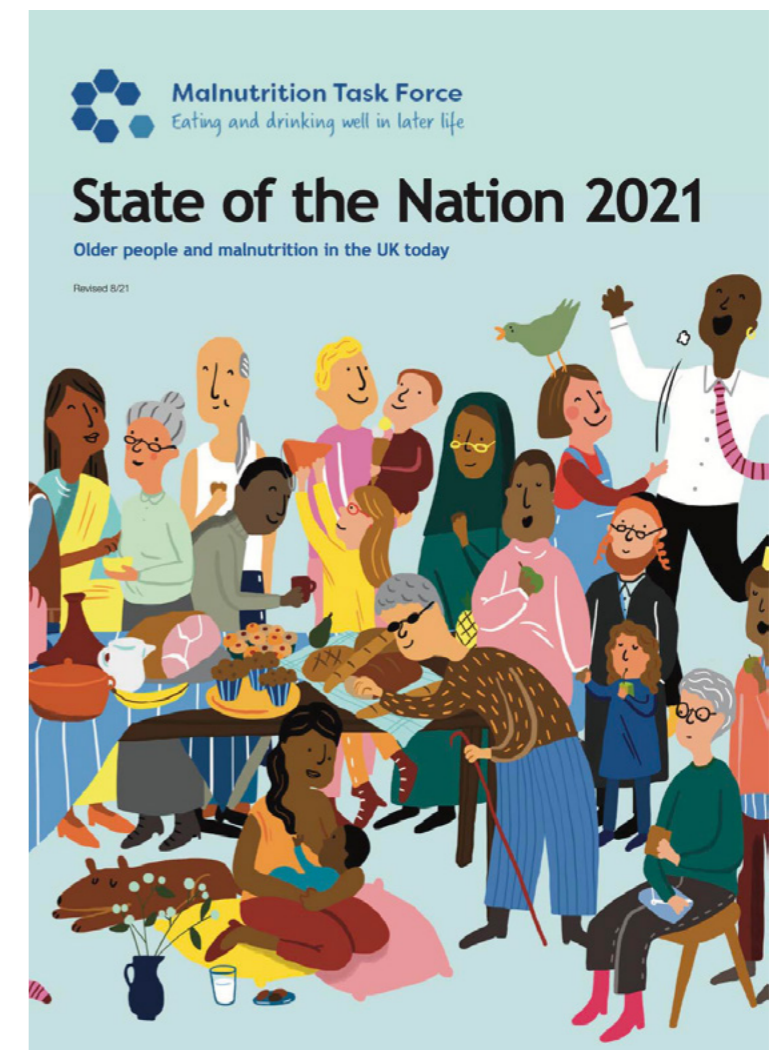


- Includes an overview of the cost and consequences of malnutrition in the UK
 - Provides advice on identification, assessment and management of malnutrition
 - Incorporates the 'MUST' screening tool
 - Includes a pathway for using Oral Nutritional Supplements (ONS) in the management of malnutrition in patients categorised as high-risk
 - 1st Edition 2012 - 2nd Edition 2017 - 3rd Edition 2021
-
- Supported by a website which includes patient and carer resources, specific advice for healthcare professional groups, fact sheets and interactive resources: www.malnutritionpathway.co.uk



Malnutrition Task Force State of the Nation report (2021)

- Highlights the scale of malnutrition in later life
- Emphasises the detrimental effect that malnutrition can have on an older person's independence, health and wellbeing
- Looks at the subsequent health costs of increased hospital admissions and long-term health problems



www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.pdf

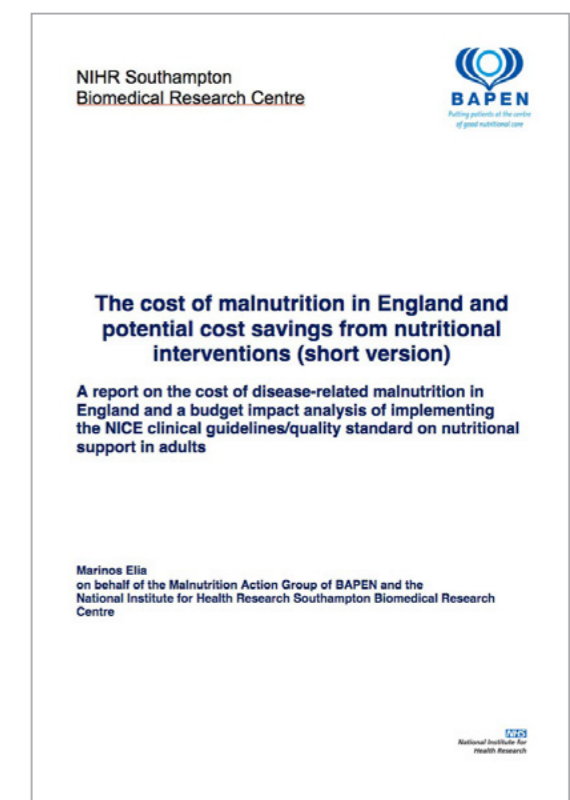


NIHR & BAPEN

The cost of malnutrition in England and potential cost savings from nutritional intervention (2015)

This report evaluates the enormous clinical and economic burden of malnutrition that continues to exist in hospital and community settings in both adults and children

- It reveals how this growing economic burden continues to be under-recognised and under-treated to the detriment of individuals' health, social care services and society as whole
- It includes a budget impact analysis to implement CG32/QS24
www.bapen.org.uk/pdfs/economic-report-short.pdf





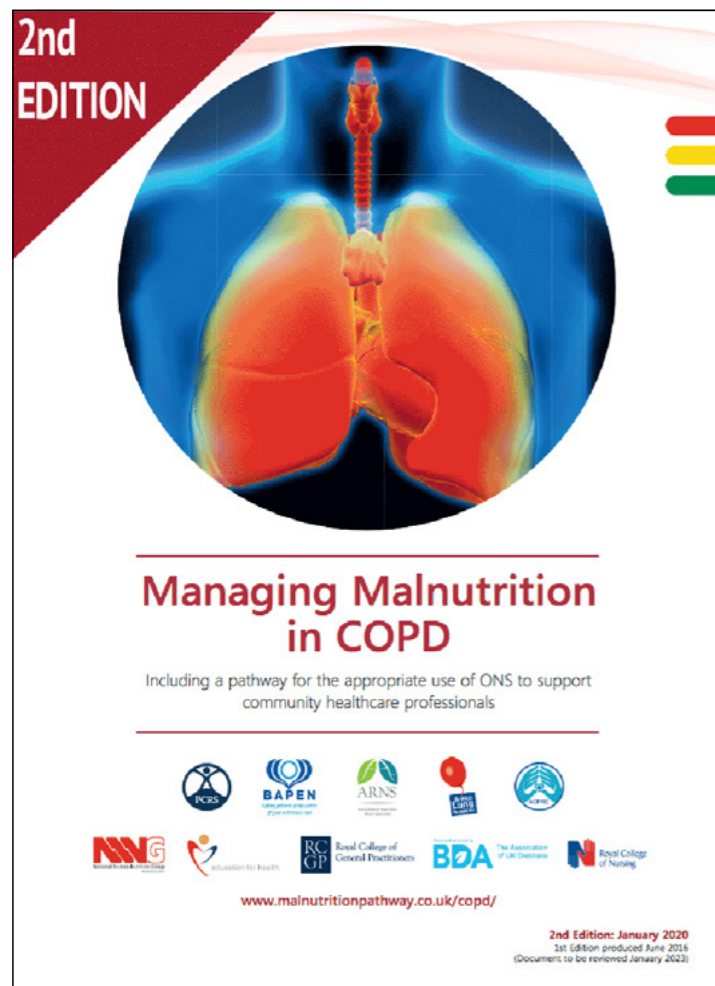
Royal College of Physicians Supporting People who have Eating and Drinking Difficulties (2021)

- Guidance for medical and healthcare professionals, particularly those involved in caring for people who have eating and drinking difficulties
- Aims to support healthcare professionals to work together with patients, their families and carers to make decisions around nutrition and hydration that are in the best interests of the patient
- Covers:
 - factors affecting our ability to eat and drink
 - strategies to support oral nutrition and hydration
 - techniques of clinically assisted nutrition and hydration
 - the legal and ethical framework to guide decisions about giving and withholding treatment, emphasising the two key concepts of capacity and best interests

www.rcplondon.ac.uk/projects/outputs/supporting-people-who-have-eating-and-drinking-difficulties



Managing Malnutrition in COPD (2020)



- Includes an overview of the issues of malnutrition and COPD
- Provides advice on identification and management of malnutrition in patients with COPD
- Includes a pathway for using Oral Nutritional Supplements (ONS) in the management of malnutrition in patients with COPD who are categorised as high-risk of malnutrition
- Supported by a website which includes patient leaflets, posters and fact sheets
www.malnutritionpathway.co.uk/copd



Care Quality Commission (CQC) Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 14

Purpose: to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment

- To meet this regulation, providers must make sure that (where it is part of their role) people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.
- People must have their nutritional needs assessed and food must be provided to meet those needs including the use of prescribed nutritional supplements, tube feeding and/or parenteral nutrition
- People's preferences, religious and cultural backgrounds must be taken into account