



The European
Nutrition for Health Alliance



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

**INTERNATIONAL CONFERENCE ENDORSED BY
POLISH PRESIDENCY TO THE EU**

**FIGHT AGAINST MALNUTRITION
TWO DECADES OF OPPORTUNITIES**

Warsaw, October the 6th, 2011

What can member state policy makers and stakeholders contribute for fighting malnutrition?

The Belgian National Nutritional Care Plan

Prof. André Van Gossum

Member of the group of experts for the Belgium Nutrition and Health Plan

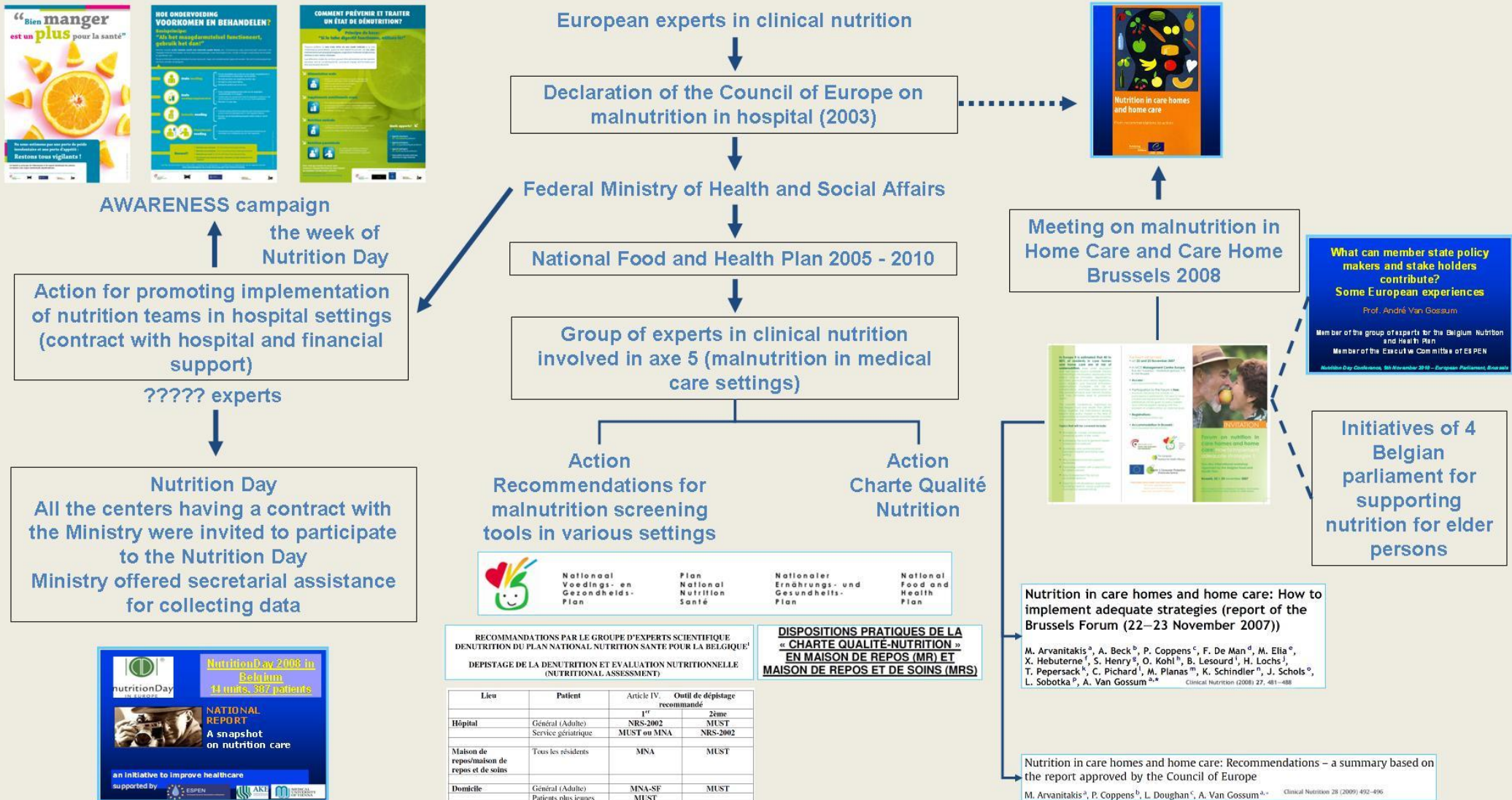
Member of the Executive Committee of ESPEN

- Malnutrition (**undernutrition** and obesity) is frequent in hospital, home care and home settings
- Prevalence of **undernutrition** is higher in patients with chronic diseases, cancer and in older patients
- **Undernutrition** is too often underrecognised and undertreated
- Disease related **undernutrition** has medical, economic, social impact and alter quality-of-life

**Malnutrition is a growing
health-care concern**

Interaction between experts in clinical nutrition⁽¹⁾ and political authorities⁽²⁾ for promoting nutrition care in Belgium

⁽¹⁾Members of Société Belge de Nutrition Clinique and VVKVM; ⁽²⁾Ministry of Health and Social Affairs, National Food and Health Plan



Nutrition and Political actions in Belgium

Belgian National Food and Health
Plan (NFHP-B)

2005 – 2010



6 sections



Section 5

Undernutrition in Hospitals, Care
Homes and Home Care

Nutrition and Political actions in Belgium

Section 5 (NFHP-B)

Undernutrition in Hospitals, Care Homes
and Home Care



Resolution of the **Council of Europe** on
food and Nutritional Care in hospitals
(2002 – 2003)

Nutrition and Political actions in Belgium

Group of experts in the field of
Nutrition Support



Recommendations about **tools for screening** malnutrition in hospitals,
home care, care home

Nutrition and Political actions in Belgium

**Nutrition in Care Homes and Home Care:
How to implement adequate strategies?
*Brussels-Forum (22-23 November 2007)****

***Report published by Arvanitakis M et al, Clin Nutr, 2008,
27, 481-488**

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Nutrition in care homes and home care: Recommendations – a summary based on the report approved by the Council of Europe

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Clinical Nutrition 28 (2009) 492–496

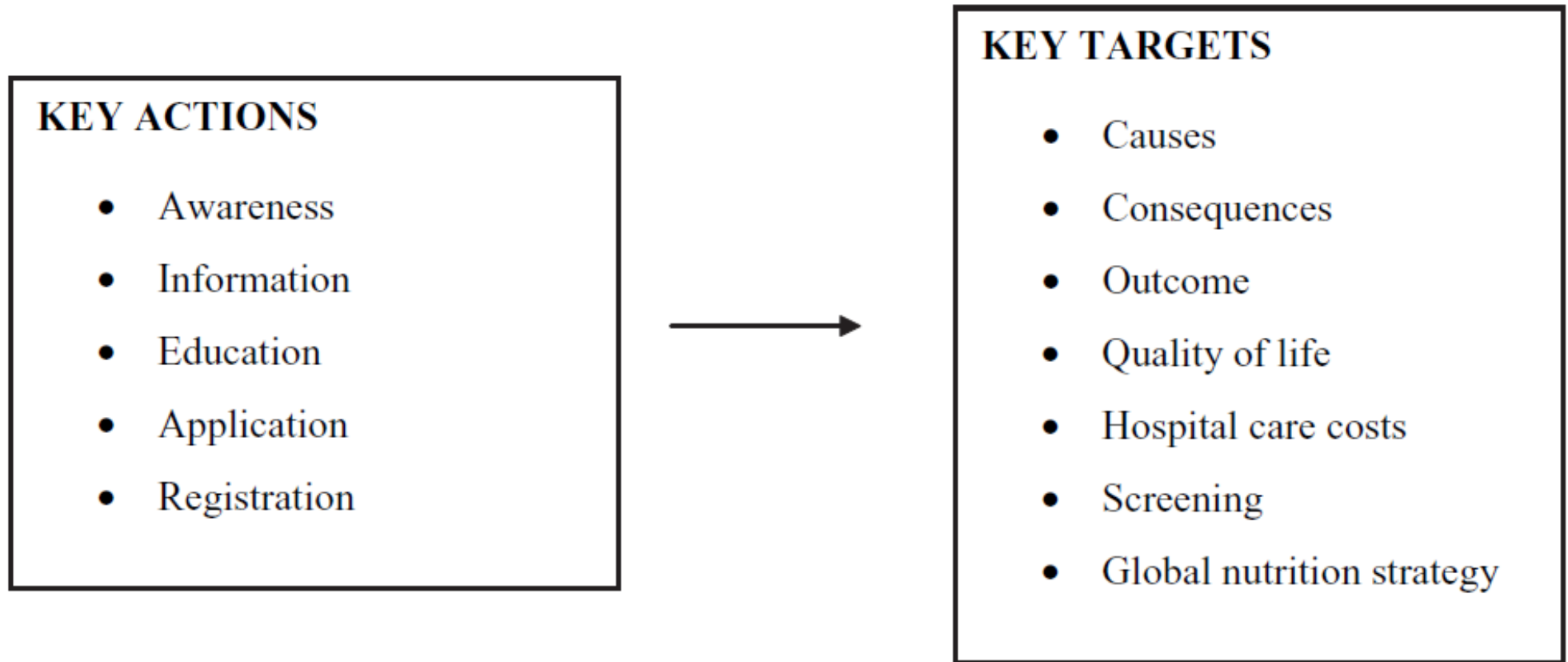


Fig. 1. Key actions in tackling undernutrition in care home and home care settings.

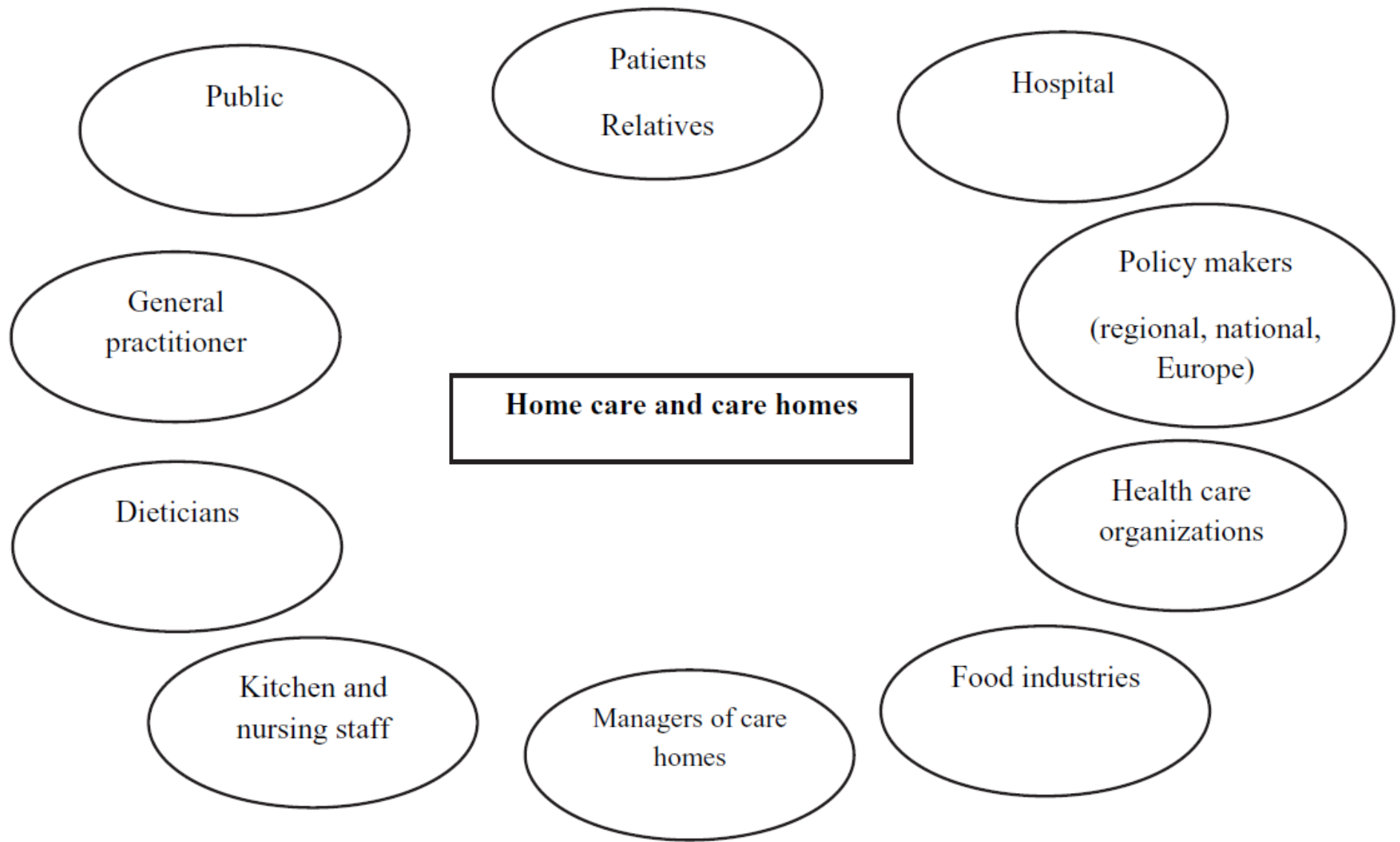


Fig. 2. Network for improving nutrition in home care and care homes.



Nutrition in care homes and home care

From recommendations to action

Publishing
Editions



Nutrition and Political actions in Belgium Goals

- How to implement screening of nutritional status in hospitals?
- How to stimulate the launching of nutrition teams?

Nutrition and Political actions in Belgium

Proposals of a Contract for screening implementation

2008: 36 hospitals – 10,000 euros/hospital

2009: 60 hospitals – 15,000 euros/hospital

2010: 70 hospitals – 15-20,000 euros/hospital

Nutrition and Political actions in Belgium Methodology

- Choice of a screening tool (NRS-2002)
- Enrolment of patients
- Informations about the diseases, nutritional strategy and outcome
- 2009-2010: encourage all the hospitals included in this program to participate to Nutrition Day (not obligatory)



nutritionDay
WORLDWIDE

nutritionDay 2010 in
Belgium
49 units, 1005 patients



NATIONAL REPORT

A snapshot
on nutrition care

an initiative to improve healthcare

supported by



COMMENT PRÉVENIR ET TRAITER UN ÉTAT DE DÉNUTRITION ?

Principe de base :

“Si le tube digestif fonctionne : utilisez-le !”

Toujours préférer la **voie orale et/ou une sonde entérale** à la voie intraveineuse (parentérale), quand le tube digestif le permet, car ces voies d'alimentation sont plus physiologiques, engendrent moins de complications sévères et sont moins coûteuses.

Les différents modes de nutrition peuvent être administrés soit de manière exclusive, soit en complémentarité. La prise en charge nutritionnelle peut être poursuivie à domicile.



Alimentation orale

- Adapter les repas en fonction des goûts, des capacités d'ingestion alimentaire et de la pathologie du patient.
- Éviter des périodes de jeûne prolongé.
- Éviter les régimes trop restrictifs.
- Encourager le patient à manger.



Suppléments nutritionnels oraux

- Permettent d'augmenter les apports alimentaires journaliers.
- A consommer en supplément de l'alimentation habituelle et non en substitution (2 heures avant ou 2 heures après les repas).
- En général, 1 à 2 par jour.



Nutrition entérale

- La nutrition entérale consiste en l'administration de solutions nutritives via une sonde placée dans le tube digestif.
- La durée du traitement détermine le choix de la sonde.



Nutrition parentérale

- La nutrition parentérale consiste en l'administration intraveineuse des nutriments nécessaires à l'organisme.

Quels apports ?

- Apports caloriques: 25 - 35 kcal/kg de poids/jour
- Apports protéiques: 0,8 - 1,2 g protéines/kg de poids/jour
- Apports hydriques: 25 - 40 ml eau/kg de poids/jour
- Sans oublier les sels minéraux, vitamines et oligo-éléments

Pour ceux qui veulent en savoir plus : contacter l'Équipe Nutrition de votre hôpital ou consulter l'un des sites suivants : www.monplannutrition.be ou www.ebnursing.ugent.be/richtlijnen/voeding

Et Belg. De Cooperatie Vlaamse Vereniging voor Klinische Voeding en Metabolisme

“ **Bien manger** est un **plus** pour la santé ”



Ne sous-estimons pas une perte de poids involontaire et une perte d'appétit :

Restons tous vigilants !

Cet hôpital se préoccupe de l'alimentation et du support nutritionnel des patients. Cet hôpital a une équipe nutritionnelle pluridisciplinaire.

Avec le soutien de la Société Belge de Nutrition Clinique et de la Vlaamse Vereniging voor Klinische Voeding en Metabolisme

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Nutrition and Political actions in Belgium

- Recent meeting with the representatives of the Ministry of Public Health
 - collection of data for January 2010
 - analysis of data
 - recommendations for nutritional teams (composition, activity, etc.)
 - recommendations for screening
 - final goal: financial support and accreditation for nutritional team

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