Warsaw, 20011-10-06 **Palac Kultury i Nauki**

THE FIGHT AGAINST MALNUTRITION
FINAL DECLARATION

FOUR KEY ACTIONS TO ADDRESS DISEASE-RELATED MALNUTRITION: SCREENING, AWARENESS, REIMBURSEMENT & EDUCATION

Representatives from the European Parliament, the Ministry for Health in Poland, the Polish Presidency of the European Union, the European Society for Parenteral & Enteral Nutrition (ESPEN), the Polish Society for Parenteral and Enteral Nutrition (POLSPEN), the European Nutrition for Health Alliance (ENHA), scientific and professional associations, industry, patient and health insurance groups, have come together to **warn EU Governments and citizens that disease-related malnutrition (undernutrition) is a critical public health concern in Europe, affecting around 20 million citizens and costing EU governments up to 120 billion Euros every year**.[1] Four key areas have been identified for decision and collective action to help address the wide range of adverse effects that malnutrition can have on patients and healthcare systems. **Participants urge national Governments, national and local authorities and the broader stakeholder community of professionals, patients, carers, industry and insurers, to work together to actively promote:**

1. Implementation of routine nutrition-risk screening across the EU

All individuals in hospitals, long-term medical facilities, nursing and all other care homes, as well as those at risk living in the community, should be routinely screened for malnutrition and have the results clearly visible on their medical records. Simple validated screening tools are available to do this. Screening can help to prevent future clinical costs and healthcare resource constraints. Mandatory screening has just been introduced In Poland in all medical facilities.

2. Public awareness

Educational campaigns that convey the prevalence of disease-related malnutrition across a range of care settings, together with guidance to encourage prevention, are needed to raise awareness amongst the general public and at-risk segments of the population, such as older persons. Campaigns should urge all EU citizens to pay closer attention to their own nutrition as well as that of their relatives and friends, and to take full advantage of pathways of care available to them. National government agencies, the EU, media, civil society, patient groups and professional societies must work together to ensure that the right messages are delivered to all EU citizens.

3. Reimbursement policies

An effective fight against malnutrition will prove ineffective if nutritional interventions are unavailable in hospitals, other medical facilities and in community settings. Governments, along with insurance agencies, must ensure that all types of effective nutritional solutions that can help to prevent or treat malnutrition can be applied if necessary. Appropriate application of interventions such as these can potentially result in overall savings to healthcare systems. It must also be recognized that nutritional interventions may not be affordable by patients themselves; reimbursement is therefore extremely important.

4. Medical Education

All health and social care professionals, including those involved in primary care (general practitioners and nurses), should as a requirement have nutritional training on their curriculum. Education in clinical nutrition should become an important part of medical study not only for dietitians, but also for physicians, nurses, pharmacists and other medical professionals. This training should also be a compulsory component of continuing education.

About Malnutrition

Recent studies examining the effect of disease-related malnutrition on clinical outcomes and healthcare resource use, reveal that around one in four patients admitted to hospital in the EU are at risk of malnutrition or are already malnourished.[2-7] In addition, more than 1 in 3 residents in care homes and older people living independently in the community are malnourished or at risk of malnutrition.[3-4;8-11] The healthcare costs of managing malnourished patients is more than twice that of managing similar well-nourished patients, due to increased use of healthcare resources.[12] Risks of infection are more than three times greater in hospitalized malnourished patients who experience more frequent and longer stays in hospital.[12-15] With Europe's rapidly ageing population, the social and economic costs of malnutrition are expected to rise steadily over the coming years, unless concrete measures are taken to raise awareness and apply effective policy to address this problem. Inaction is likely to cost Governments and authorities much more in the long term. Already in the UK, it is estimated that economic costs of malnutrition in the EU as much as double the economic costs of overweight and obesity.[16-17]

In June 2009, during the Czech Presidency of the EU, EU Health Ministry representatives, alongside medical experts, health care officials, representatives of health insurance groups, ESPEN and ENHA, took a first step towards changing perceptions and policies (http://www.european-nutrition.org/files/pdf_pdf_66.pdf). All parties stated that appropriate action must be taken to tackle malnutrition. This Declaration at the International Conference, The Fight Against Malnutrition, under the patronage of the Polish Presidency of the EU, is taking the next step of pinpointing 4 key areas of action to encourage more to be done by Member States to prevent disease-related malnutrition in the EU.

Parties to this Declaration kindly request the Polish Ministry of Health and the Polish Presidency of the EU to forward these conclusions to the EU Council of Ministers.

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