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FIGHT AGAINST MALNUTRITION
TWO DECADES OF OPPORTUNITIES

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Malnutrition (under-nutrition) is a serious public health problem in Europe. According to recent studies examining the effect of malnutrition on clinical outcomes and healthcare resource use, one in four patients admitted to hospital are at risk of malnutrition or are already malnourished. In addition, up to 20% of residents in care homes are malnourished and a further 30% at risk of malnutrition. The healthcare cost of managing malnourished patients is more than twice that of managing similar well-nourished patients, due to increased use of healthcare resources. Malnutrition is caused by a variety of factors, including the lack of access to healthy foods, loss of appetite, metabolic conditions, or an inability to eat due to illness or surgery. Malnutrition can delay recovery and prolong hospitalization, leading to increased susceptibility to infection and reduced independence and quality of life. With 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 to address this serious problem. In June 2009, EU Health Ministry representatives, alongside medical experts, health care officials, representatives of health insurance groups, ESPEN (the European Society for Clinical Nutrition and Metabolism), and ENHA (the European Nutrition for Health Alliance) – took a first step towards changing perceptions and policies. All parties collectively recognized that malnutrition, including disease-related malnutrition, is an urgent public health problem. We are stating that appropriate actions must be taken to tackle malnutrition, including national nutritional care plans, mandatory malnutrition risk screening, comprehensive guidelines and training for optimal nutritional care, campaigns to increase public awareness, and further research into the causes and prevalence of malnutrition.

THE FIGHT AGAINST MALNUTRITION
DECLARATION

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

Participants urge Government, 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**

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 medical costs and healthcare resource constraints.

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 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, media, civil society, patient groups and professional societies must work together to ensure that the right messages are delivered to all 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 the 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 dieticians, but also for physicians, nurses, pharmacists and other medical professionals. This training should also be a compulsory component of continuing education.

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