Evaluation of Nutritional Detection and Execution in Memory Integrated Clinics (ENDEMIC)

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Background: In Switzerland, cognitive impairment and dementia are typically detected in specialized memory clinics, which provide comprehensive assessments. Nutritional status is crucial for detection and diagnosis at all stages of cognitive impairment, with weight loss often preceding diagnosis. Poor nutrition worsens cognitive abilities and increases complications like wound healing disorders. Despite its importance, systematic data on nutritional screening and intervention in memory clinics is lacking. This initiative aims to assess current nutritional management practices in these clinics to improve patient outcomes, care quality, and develop standardized nutritional care pathways.
Objectives: 1) evaluate current practices, 2) identify gaps, 3) develop pathways, 4) enhance collaboration, 5) influence policy
Scope: The project is divided into three parts. The project will span 24 months, with milestones and deliverables for each phase. Findings will be published to ensure broad implementation and impact.
Part I: Study current nutritional management in memory clinics. **Part II:** examine nutritional biographies for new residents with cognitive impairment in long-term care facilities. **Part III:** develop a publicly accessible malnutrition care concept for memory clinics, including a nutrition care pathway.
Project Overview Part I: focuses on studying current nutritional management practices in memory clinics across all 26 cantons. Memory clinics will be contacted through existing networks to increase participation. The study will investigate: 1) current practices and structures, 2) availability of resources, 3) use of assessment tools for malnutrition risk, 4) diagnostic procedures for malnutrition, 5) access and use of nutritional therapy resources, 6) communication of nutritional status, **Part II:** examines the creation of nutritional biographies for new residents with cognitive impairment in long-term care facilities. The study will capture: 1) individual eating habits and preferences, 2) historical and emotional aspects related to food, 3) health and nutritional information, **Part III:** 1) develops a publicly accessible Malnutrition Care Concept for memory clinics, including a Nutrition Care Pathway. **Deliverables:** 1) insights into current nutritional therapy structures and systematic screening for malnutrition in memory clinics, 2) status assessment of current care structures and practices in capturing nutritional biographies, 3) development of a nutritional concept with screening and diagnostic recommendations for memory clinics. **Timeline:** ≤12 months: status assessment and survey development, ≤24 months: execution and publication of findings. **Personnel & Financial Needs:** no additional research funds have been applied for. Dr. Robert Speer's position, funded by a third party, ends on December 31, 2025. If a grant is awarded, the project can start on January 1, 2026; **Grant Allocation:** scientific staff: 15 hours/week for 24 months. Personal costs: 2026: 18,828.30 CHF (€20,000), 2027: 18,828.30 CHF (€20,000), total: 37,656.60 CHF (€40,000); **Success Factors:** 1) extensive expertise in nutritional sciences and geriatrics, 2) active use of networks for recruitment and research dissemination, 3) access to relevant consumer and patient groups, 4) evaluation of feasibility in clinical practice.

Results/outcomes & expected impact

Implementation Part I: assess care structures and publish results, **Impact:** basis for new nutritional care pathways. **Part II:** assess nutritional risk/status and biographies in elderly homes and publish results, **Impact:** basis for advisory board and optimised dietary biographies, **Part III:** integrate results and develop a concept for malnutrition screening, diagnosis, and treatment, **Impact:** improve nutritional intervention for patients with cognitive impairment.
Advancing Patient Care: 1) overview of current care structures and tools, 2) reveal resource needs and optimize existing structures, 3) align with WHO's ICD-11 for disease-related malnutrition.
Innovative Aspects: 1) no existing data on systematic malnutrition screening, diagnosis, and integration/referral in memory clinics, 2) development of a publicly accessible malnutrition care concept.
Influence on National Nutrition Policy: 1) early detection and treatment of nutritional risks can reduce complications and improve quality of life, 2) economic benefits and clinical practice application.
Transferability: 1) applicable to other healthcare systems with similar diagnostic procedures, 2) basis for country-specific adaptation.

X **Please tick to confirm the PEN letter of endorsement is attached. Incomplete submissions will not be considered.**

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