MULTIDISCIPLINARY CONSENSUS ON HOSPITAL MALNUTRITION IN SPAIN:

A step forward of the Spanish Society for Parenteral and Enteral Nutrition (SENPE) to its compromise on the fight against malnutrition

Grant for the best initiative to fight malnutrition

Medical Nutrition International Industry

Spanish Society for Parenteral and Enteral Nutrition

PREVIOUS WORK

Malnutrition White Paper

Nutrition Screening Recommendations

Malnutrition Coding

Quality Indicators for Nutrition Units

Nutrición Hospitalaria

Nutr Hosp. 2009;24(4):453-458
ISSN 0212-1611 • CODEN NUHOEQ
S.V.R. 318

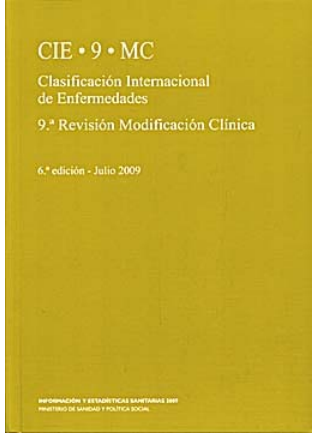
Original

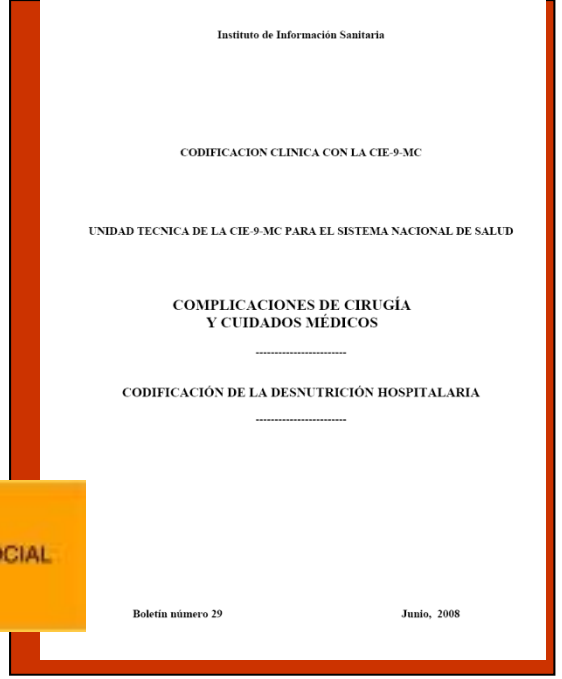
Recomendaciones sobre la evaluación del riesgo de desnutrición en los pacientes hospitalizados

Recommendations on the neeed to evaluate the risk of malnutrition in hospitalized patients

J. I. Ulibarri, R. Burgos, G. Lobo, M. A. Martínez, M. Planas, A. Pérez de la Cruz, J. L. Villalobos; grupo de trabajo de desnutrición de SENPE







GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, POLÍTICA SOCIAL E IGUALDAD

Nutrición Hospitalaria

Nutr Hosp. 2008;23(6):536-540
ISSN 0212-1611 • CODEN NUHOEQ
S.V.R. 318

Artículo especial

Documento SENPE-SEDOM sobre la codificación de la desnutrición hospitalaria

SENPE –SEDOM document on coding of hospital malnutrition

J. Álvarez[1], J. Del Río[2], M. Planas[1], P. García Peris[1], A. García de Lorenzo[1], V. Calvo[1], G. Olveira[1], J. A. Irles[1], G. Piñeiro[1]; Grupo de Documentación de SENPE

[1]Miembros de SENPE (Sociedad Española de Nutrición Parenteral y Enteral). [2]Miembro de SEDOM (Sociedad Española de Documentación Médica). España.





Nutrición Hospitalaria

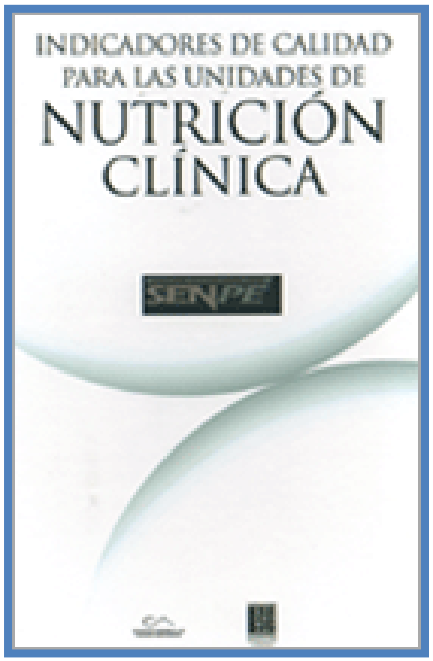
Nutr Hosp. 2008;23(2):173-174
ISSN 0212-1611 • CODEN NUHOEQ
S.V.R. 318

Crítica de libros

Indicadores de calidad para las Unidades de Nutrición Clínica

Quality indicators refered to the structure of Specialized Nutritional Support Units

A. García de Lorenzo, J. M. Culebras, J. del Llano, P. P. García Luna, M. León, J. C. Montejo, G. Piñeiro, M. Planas y L. Quecedo. Editorial: Elsevier España.
Año de edición: 2008



Fight Against Malnutrition



2009

DIRECTED BY

SPONSORED BY



Nestlé Nutrition

Junio – Julio de 2010

RESULTADOS ESTUDIO PREDYCES®

PREVALENCIA DE LA DESNUTRICIÓN HOSPITALARIA Y COSTES ASOCIADOS EN ESPAÑA

Mesa redonda sobre "Calidad asistencial y lucha contra la desnutrición hospitalaria"

XXV CONGRESO NACIONAL SENPE

SENPE

XXV CONGRESO NACIONAL SENPE

UNO DE CADA CUATRO PACIENTES PADECE DESNUTRICIÓN HOSPITALARIA, Y SUPONE UN INCREMENTO DEL COSTE DE HASTA UN 50% MÁS

LA DESNUTRICIÓN HOSPITALARIA EN ESPAÑA: ESTUDIO PREDYCES®

PREvalencia de Desnutrición Hospitalaria Y Costes asociados en ESpaña

"Multidisciplinary Consensus on Hospital Malnutrition in Spain"

SENPE

Nutrición Hospitalaria

Nutr Hosp. 2010;25(6):1020-1024
ISSN 0212-1611 • CODEN NUHOEQ
S.V.R. 318

Original

The burden of hospital malnutrition in Spain: methods and development of the PREDyCES® study

M. Planas Vila[1], J. Álvarez Hernández[2], A. García de Lorenzo[3], S. Celaya Pérez[4], M. León Sanz[5], P. García-Lorda[6] and M. Brosa[7]

A nationwide, cross – sectional study aimed at estimating the prevalence and cost of hospital malnutrition in Spain

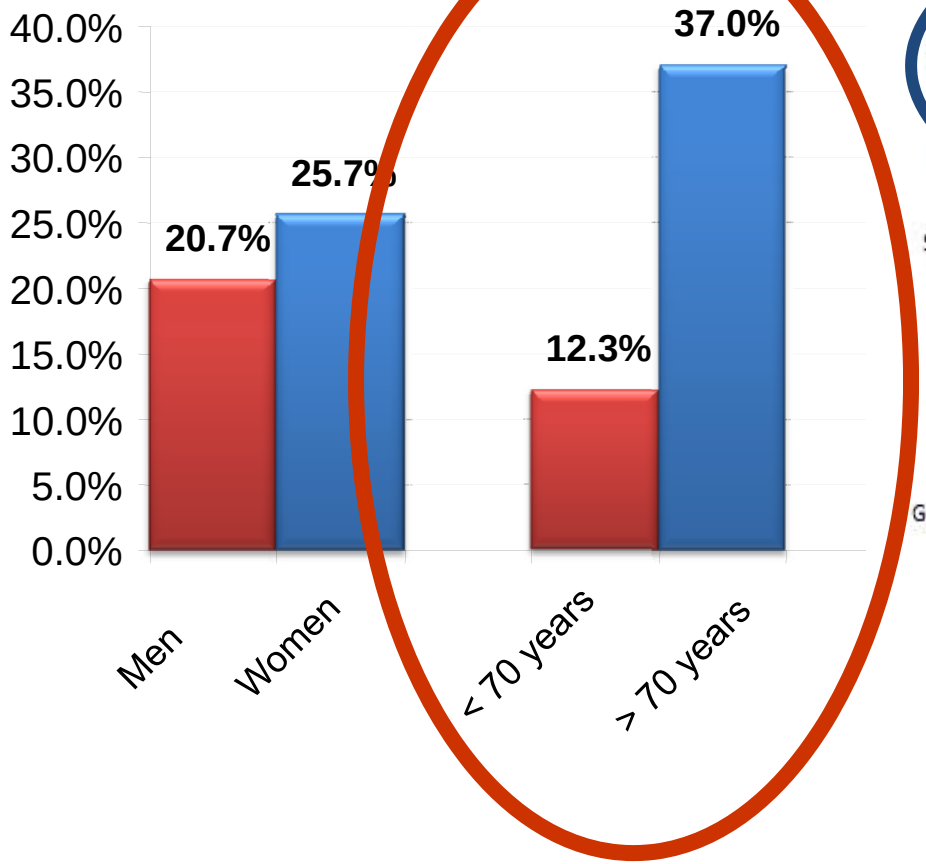
1707 patients included in the prevalence malnutrition analysis

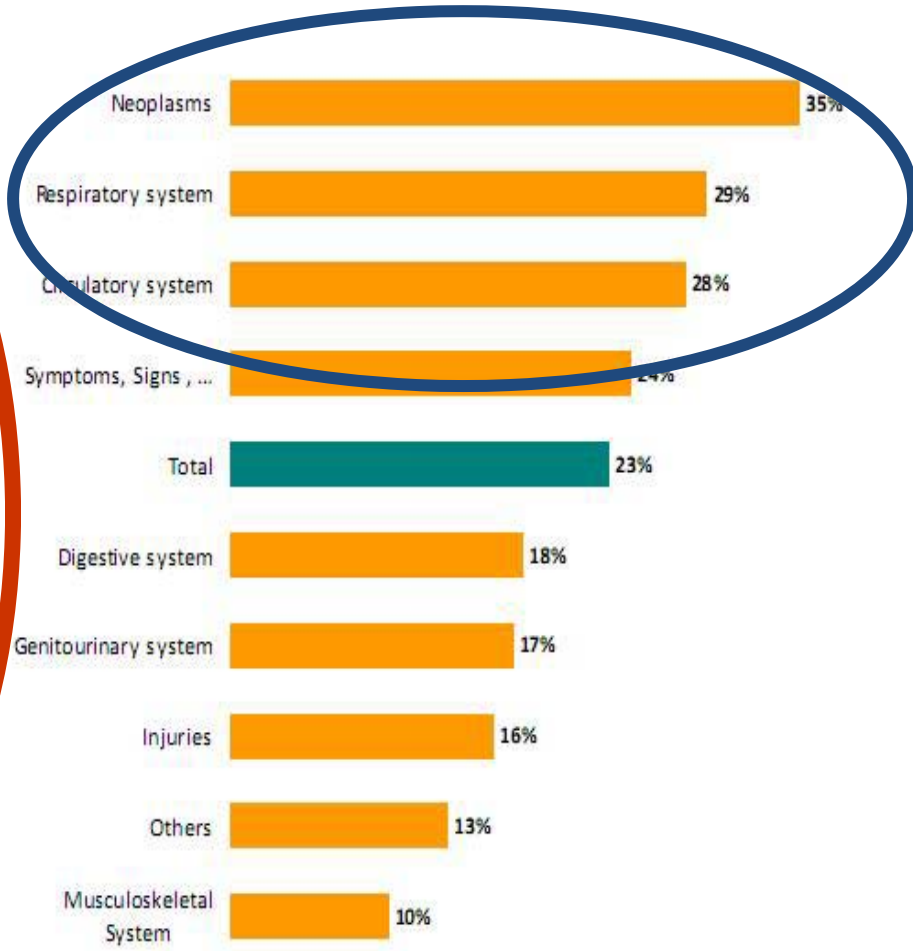
470 patients included in the cost of malnutrition analysis



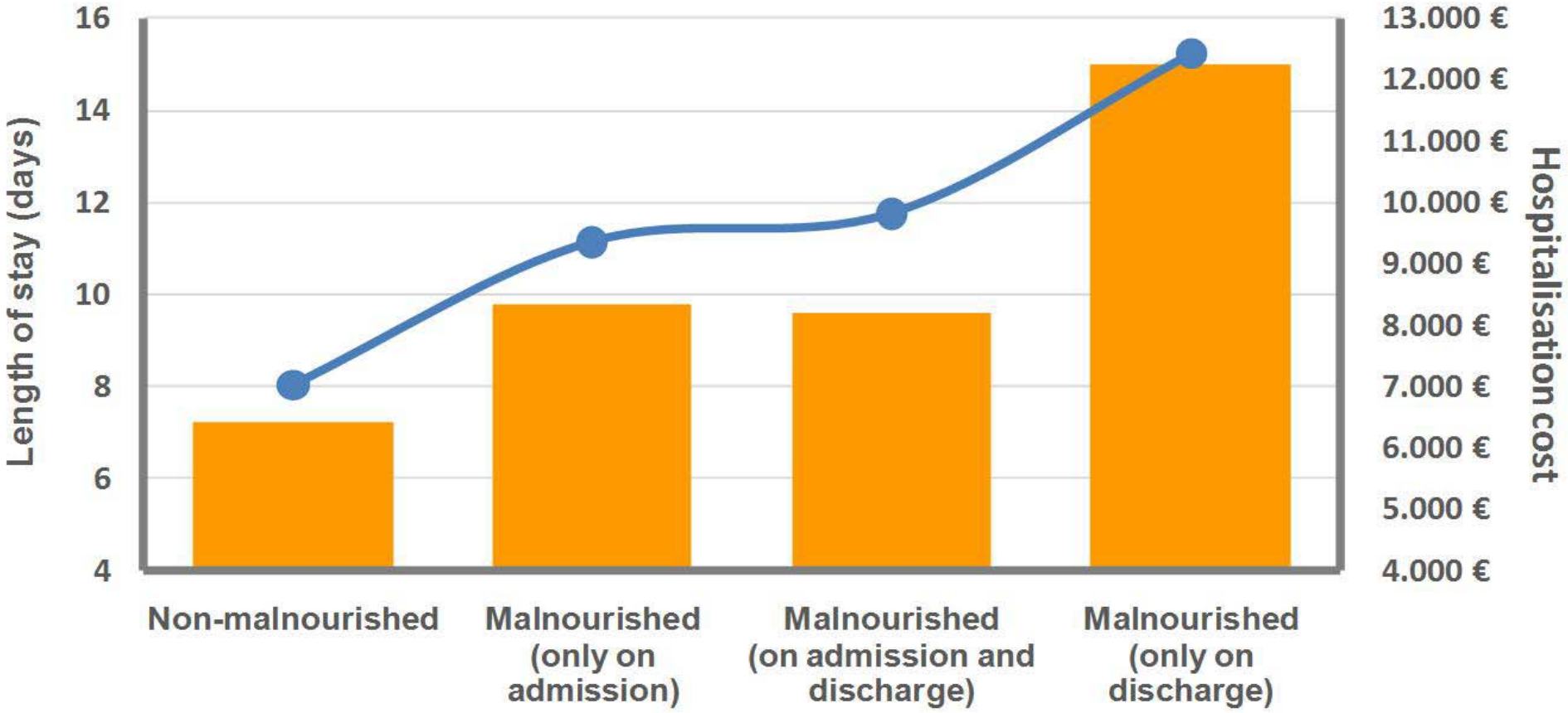
Prevalence of malnutrition (NRS2002 ≥3)

23 %





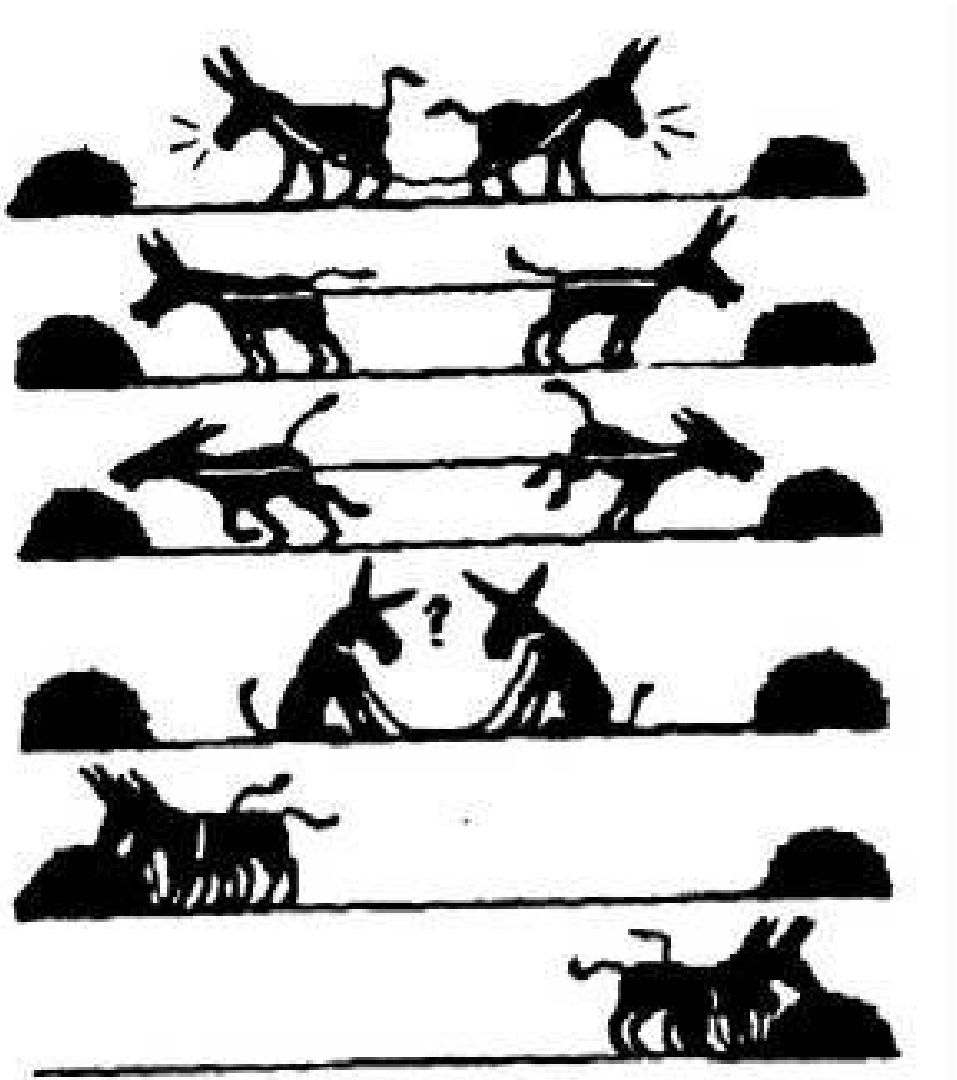
PREDYCES ® Study



2010



Houston, we have a problem……



2011



SENPE

CONSENSO MULTIDISCIPLINAR
sobre el abordaje de la desnutrición hospitalaria en España

Nutr Hosp. 2011;26(4):701-710
ISSN 0212-1611 • CODEN NUHOEQ
S.V.R. 318

Original

Multidisciplinary consensus on the approach to hospital malnutrition in Spain

A. García de Lorenzo[1], J. Álvarez Hernández[2], M. Planas[3], R. Burgos[4] and K. Araujo[5]; the multidisciplinary consensus work-team on the approach to hospital malnutrition in Spain

SENPE

SENPE

CONSENSO MULTIDISCIPLINAR

sobre el abordaje de la desnutrición hospitalaria en España

SEOM Sociedad Española de Oncología Médica

SEMER Sociedad Española de Médicos de Residencias

SEOR Sociedad Española de Oncología Radioterápica

Sociedad Española de Nefrología

Sociedad Española de Geriatría y Gerontología

SEMERGEN Sociedad Española de Médicos de Atención Primaria

FEN

foro español de pacientes

SEEDO

SEEN Sociedad Española de Endocrinología y Nutrición

SEDOM Sociedad Española de Documentación Médica

AEG Asociación Española de Gastroenterología

SEPD Sociedad Española de Patología Digestiva

Sociedad Española de Neumología y Cirugía Torácica SEPAR

SEN Sociedad Española de Nutrición

SEMI Sociedad Española de Medicina Interna. La visión global de la persona enferma

semFYC Sociedad Española de Medicina de Familia y Comunitaria

AEC Asociación Española de Cirujanos

Sociedad Española de Farmacia Hospitalaria

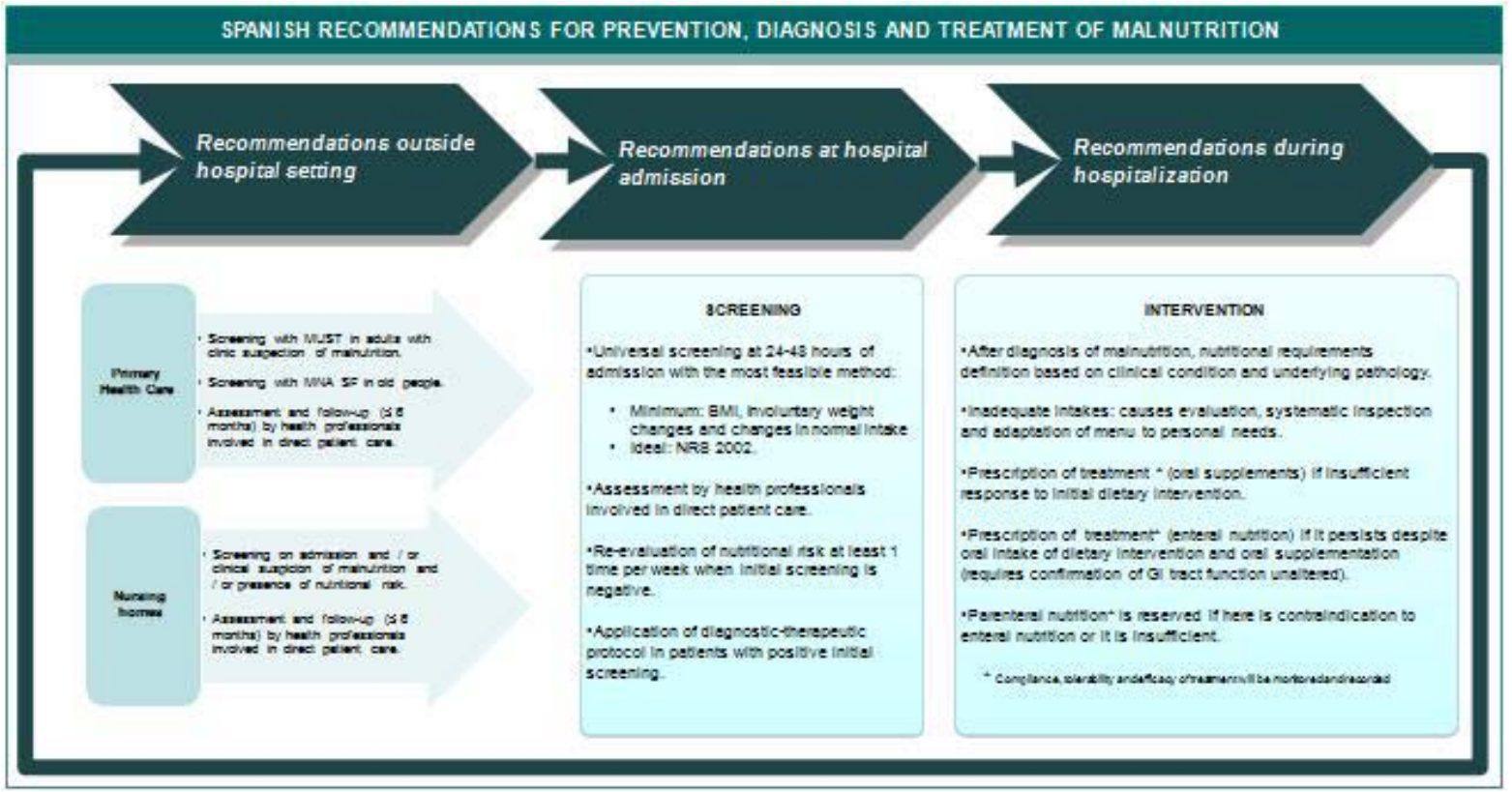
aed-n Asociación Española de Dietistas - Nutricionistas

Sociedad Española de Cardiología

Consensus paper: position statement to fight against hospital malnutrition

PROJECT METHODS




SPANISH RECOMMENDATIONS FOR PREVENTION, DIAGNOSIS AND TREATMENT OF MALNUTRITION
Recommendations outside hospital setting
Recommendations at hospital admission
Recommendations during hospitalization
Primary Health Care
• Screening with MUST in adults with clinic suspection of malnutrition.
• Screening with MNA SF in old people.
• Assessment and follow-up (≥ 6 months) by health professionals involved in direct patient care.
Nursing homes
• Screening on admission and / or clinical suspicion of malnutrition and / or presence of nutritional risk.
• Assessment and follow-up (≥ 6 months) by health professionals involved in direct patient care.
SCREENING
•Universal screening at 24-48 hours of admission with the most feasible method:
• Minimum: BMI, involuntary weight changes and changes in normal intake
• Ideal: NRS 2002.
•Assessment by health professionals involved in direct patient care.
•Re-evaluation of nutritional risk at least 1 time per week when initial screening is negative.
•Application of diagnostic-therapeutic protocol in patients with positive initial screening.
INTERVENTION
•After diagnosis of malnutrition, nutritional requirements definition based on clinical condition and underlying pathology.
•Inadequate intakes: causes evaluation, systematic inspection and adaptation of menu to personal needs.
•Prescription of treatment * (oral supplements) if insufficient response to initial dietary intervention.
•Prescription of treatment* (enteral nutrition) if it persists despite oral intake of dietary intervention and oral supplementation (requires confirmation of GI tract function unaltered).
•Parenteral nutrition* is reserved if here is contraindication to enteral nutrition or it is insufficient.
* Compliance, palatability and efficacy of treatment will be monitored and recorded

Recommendations outside hospital setting

Primary Health Care

- Screening with MUST in adults with clinic suspection of malnutrition.
- Screening with MNA SF in old people.
- Assessment and follow-up (≤ 6 months) by health professionals involved in direct patient care.

Nursing homes

- Screening on admission and / or clinical suspicion of malnutrition and / or presence of nutritional risk.
- Assessment and follow-up (≤ 6 months) by health professionals involved in direct patient care.

Recommendations at hospital admission

SCREENING

- Universal screening at 24-48 hours of admission with the most feasible method:
  - Minimum: BMI, involuntary weight changes and changes in normal intake
  - Ideal: NRS 2002.
- Assessment by health professionals involved in direct patient care.
- Re-evaluation of nutritional risk at least 1 time per week when initial screening is negative.
- Application of diagnostic-therapeutic protocol in patients with positive initial screening.

Recommendations during hospitalization



INTERVENTION

- After diagnosis of malnutrition, nutritional requirements definition based on clinical condition and underlying pathology.
- Inadequate intakes: causes evaluation, systematic inspection and adaptation of menu to personal needs.
- Prescription of treatment * (oral supplements) if insufficient response to initial dietary intervention.
- Prescription of treatment* (enteral nutrition) if it persists despite oral intake of dietary intervention and oral supplementation (requires confirmation of GI tract function unaltered).
- Parenteral nutrition* is reserved if here is contraindication to enteral nutrition or it is insufficient.

* Compliance, tolerability and efficacy of treatment will be monitored and recorded







The final version of the Consensus Paper was formally presented at the Spanish Ministry of Health

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, POLÍTICA SOCIAL E IGUALDAD

Main Achievements

- Under SENPE leadership, 22 medical societies have participated in a consensus process designed to establish recommendations on the prevention, screening, diagnosis, treatment and monitoring of disease related malnutrition.

- Formulation of recommendations are based on the best available clinical evidence (based on SIGN criteria).

- Diversity of participating organizations and huge involvement will facilitate the successful implementation of the recommendations.

- The Consensus paper will be decisive in extending the importance of fighting against malnutrition across a very wide spectrum of medical practice.

Future Plans



- Improvement in the basic education of clinical nutrition for doctors and nurses in Primary Care, Nurses Homes and Hospital. Make a slide kit with the most important concepts.
- Incorporation of nutritional assessment in electronic medical records.
- Mandatory screening and nutritional assessment as part of quality criteria of all health-care settings in Spain.
- Strategic plan to involves local health authorities .
- “Without -Malnutrition Hospitals” Network


Thanks to all professionals, specialists, scientific societies, patients and authorities for their enthusiastic involvement in this project and all members of the MNI for this award