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Better care through better nutrition | MNI European Manifesto 2024

Good patient care includes nutritional status screening, diagnosis and treatment for people who are malnourished. It's time to act!

Eating and feeding oneself is an essential element of life – if so, why is malnutrition - associated with a disease, disorder, or condition (e.g., cancer, short bowel syndrome, frailty in older people) or caused by a treatment (e.g., chemotherapy) - so often overseen and undiagnosed?

The Medical Nutrition Industry International (MNI) and co-signatories have adopted the following Manifesto with the aim of guiding the next mandate and agendas of the EU bodies, focusing on **integrating nutritional care as a core component of the patient care pathway** for the 2024-2029 period - Fight inequalities of patient access to nutritional care by reflecting on reimbursement of treatments.

Include early malnutrition screening in health policy plans. Disease-related malnutrition* can exacerbate an underlying disease, leading to higher risk of infection and complications. Malnutrition left untreated can also cause a reduction of muscle mass, resulting in frailty and impaired mobility and independence, especially in older people. Screening for malnutrition, in hospital or at home care, means limiting further risks and deterioration of the patient with potential re-hospitalisation. MNI calls for regular, systematic, standardised, and harmonised malnutrition screening for people at risk[1,2].

Recognise that nutritional care may improve health outcomes and it shall be considered an essential and formal part of patient treatment. Adequate nutrition is a key element of optimal healing and is often neglected as care focuses on eradicating the root cause of the illness. This can be done by developing a comprehensive and holistic framework including nutrition which targets all stages of the care pathway.

Fight inequalities of patient access to nutritional care through reflecting on reimbursement of treatment - which largely depends on where the patients live, rather than on the nature of their diseases and the appropriate treatment. Lack of clear rules, - across EU Member States, and often within Member States - to deliver medical nutrition** safely creates inequal access to nutritional care, in hospital and at home, for patients and their families, increasing risk of readmission to hospital, complications and reduction of clinical outcomes. We call on the next legislature to further harmonise assessment and provision of settlement, while incentivising Member States to include in their reimbursement schemes evidence-based nutritional interventions.

Consider nutritional interventions as an investment in health. Projections highlight that malnutrition concerns 1 in 4 hospital patients[3] and it costs an average of €170 billion a year for European countries[4]. When broadly deployed, nutritional interventions have the potential to positively impact population's health directly and indirectly by reducing the use of healthcare resources and costs.

Ensure the adequate clinical use of nutritional interventions. Getting the right nutritional care in a timely manner can help reduce medical complications, support recovery and independence, and lower healthcare resource use. This is possible by providing care through multidisciplinary teams, including a nutrition specialist, as well as adherence to clinical guidelines endorsed by the International Medical Societies at large.

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It is estimated that 33 million people in Europe are malnourished or at risk of developing disease-related malnutrition[5]. Malnutrition is associated with higher complication rates, risks of infections, longer hospital stays and increased mortality[6]. Medical nutrition improves patient outcomes and quality of life and positively benefit health systems' resilience.

Nutrition is not a cost, it is an investment!

Ahead of the 2024 European Union (EU) elections, we call future decision and policy makers in the European Parliament and the European Commission to commit to supporting and promoting adequate, available, and accessible nutritional care for patients in need.

*Malnutrition, also called undernutrition or disease-related malnutrition (DRM), is a condition where patients are not getting the right nutrition in the right amount to sustain their health. Malnutrition occurs when patients are not able to meet their nutritional needs via the normal diet due to diseases, ageing and/or side-effects of medical treatment (e.g. cancer).

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**Medical Nutrition is provided under medical supervision, to feed patients – not the general population - who, because of a particular disease, disorder, or medical condition, have nutritional needs that cannot be met by consuming standard foodstuffs. Medical Nutrition encompasses specialised products for nutritional therapy: Oral Nutritional Supplements, Enteral Tube Feeding (tube feeding via the nose or the gastrointestinal tract), and Parenteral Nutrition (intravenous feeding). The goal of Medical Nutrition is to help patients of all ages to address nutritional insufficiencies arising from a disease, disorder or condition, when they are unable to meet their requirements via normal foods. Medical Nutrition products are to be used under medical supervision.

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MNI Manifesto is endorsed by the following organisations:

All.Can Changing cancer care together

SNE Specialised Nutrition Europe

ESN EUROPEAN SPECIALIST NURSES ORGANISATION

[1] Basic disease-related nutritional care is routinely poor and may worsen. Only a limited number of malnourished people receive the basic elements of nutrition management and most DRM- related deaths are preventable with good basic care. (Schuetz P et al. Management of disease-related malnutrition for patients being treated in hospital. Vol. 328, 1927-1938, The Lancet 2021).

[2] Nutritional screening identifies individuals who are already malnourished or at risk of malnutrition across the spectrum of nutritional status; are at risk of adverse outcomes and may benefit clinically from nutritional support.

[3] Russell C, Elia M. Nutrition Screening Week in the UK and Republic of Ireland in 2011. Hospitals, care homes and mental health units. Redditch, 2012; Imoberdorf R, Meier R, Krebs P, et al. Prevalence of undernutrition on admission to Swiss hospitals. Clin Nutr 2010; 29(1): 38-41.

[4] Ljungqvist O, de Man F. Nutr Hosp 2009; 24:368-70.

[5] Ljungqvist O, de Man F. Under nutrition - a major health problem in Europe. Nutr Hosp 2009; 24(3): 368-70.

[6] Sorensen J, Kondrup J, Prokopowicz J, et al. EuroOOPS: an international, multicentre study to implement nutritional risk screening and evaluate clinical outcome. Clin Nutr 2008; 27(3): 340- 9; Schneider SM, Veyres P, Pivot X, et al. Malnutrition is an independent factor associated with nosocomial infections. BrJNutr 2004; 92(1): 105-11; The economic cost of hospital malnutrition in Europe; a narrative review - Khalatbari-Soltani, Saman et al. (Clinical Nutrition ESPEN, June 2015, Volume 10, Issue 3, e89 - e94; Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions (full report): A report on the cost of disease-related malnutrition in England and a budget impact analysis of implementing the NICE clinical guidelines/quality standard on nutritional support in adults: Malnutrition Action Group of BAPEN and the National Institute for Research Southampton Biomedical Research Centre, 2015.

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