

EVIDENCE-BASED MANAGEMENT OF MALNUTRITION

Malnutrition

As estimated by the the NRS, 20 – 30% of hospitalised medical patients are malnourished or are at high risk of protein-energy malnutrition.² Malnourished patients have a higher rate of complications, longer duration of hospitalisation, poorer quality of life and higher mortality as compared to those who are well-nourished.³ Malnutrition is often the result of other medical diseases but can be managed with a targeted therapy. The therapeutic algorithm presented here is based on ESPEN guidelines for polymorbid medical patients as well as on the EFFORT study.⁴⁻⁵

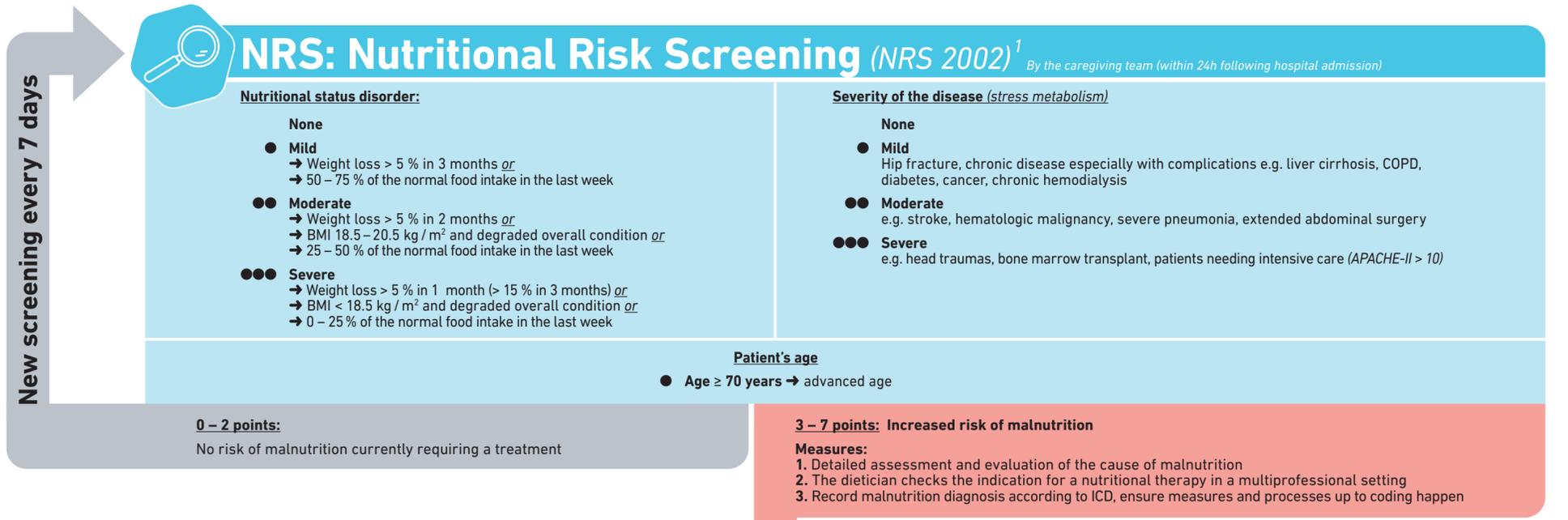
Goals of malnutrition management

Improved early identification of patients at risk of malnutrition and initiation of appropriate individual therapy for improvement/maintenance of functionality and quality of life as well as significant reduction of complications and mortality. Management of malnutrition is a team effort and can only be undertaken in close cooperation between nurses, dieticians and doctors.

The EFFORT study demonstrates clinical benefit⁵

The EFFORT study, supported by the Swiss National Fund and published in the Lancet in April 2019, clearly demonstrates the benefit of adequate, individualised nutritional therapy:

- The protein and energy balance improves significantly which in turn has a positive effect on the course of the disease.
- Consistent management of malnutrition reduces the risk of complications and mortality.
- The quality of life improves and leads to fewer functional losses.
- These results apply to patients in Internal Medicine in general, independent of the organ involved.



Nutritional algorithm as tested in the EFFORT study⁴⁻⁵ Individual supervision by a dietician as per nutritional algorithm

