



The European
Nutrition for Health Alliance

Putting Malnutrition on the European agenda

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Why malnutrition?

- Malnutrition is a forgotten facet of poor nutrition.
- Awareness of malnutrition is poor amongst professionals, policymakers and the general public.
- The economic burden of malnutrition is equivalent, if not greater than that of obesity: £7.3 billion per year.
- Causes and consequences of poor nutrition are clinical, social and psychological.

Malnutrition within an ageing population: a call for action

Report on the Inaugural Conference of the European Nutrition for Health Alliance,
London, 14th September, 2006*



The European for Health Alliance

‘Determined To Tackle Malnutrition Together’

- The alliance consists of key European stakeholders in the fields of nutrition, health and social care and policy (ESPEN, HOPE, ENDA, AIM et al)
- These partnerships create the basis and serve as an implementation network to reach target groups at EU and national levels.



A common objective

To raise awareness of the urgent need to prevent malnutrition and ensure that effective nutritional support is available to all those affected across all community and clinical settings.



Our Goals

- Recognition of malnutrition as a condition in the EU: preventable, treatable, curable.
- Recognition of malnutrition as a huge social issue: occurring 'through no malice or cruelty' (A. Bennett)
- Urge stakeholders to accept responsibility and take action: who will tackle this?



Malnutrition among Older People in the Community

*Policy
Recommendations
for Change*



The European
Nutrition for Health Alliance



BAPEN
www.bapen.org.uk

BAPEN

British Association for Parenteral and Enteral Nutrition



International Longevity Centre – UK

In collaboration with the Associate Parliamentary Food & Health Forum

Malnutrition in the community

- Forgotten facet of malnutrition in existing guidance and policy focus
- Bridges across health and social care sectors
- ‘Unrecognised, undetected and undertreated’
- Beginning of campaign by ageing NGOs

Who has ownership for malnutrition in the community?



Why does malnutrition occur?

Functional constraints

- Inability to prepare food
- Poor dental health
- Difficulty using food containers
- Difficulty reading food labels.

Mobility

- Poor mobility
- Disability
- Poor transport links
- Difficulty accessing local shops.

Poverty

- Inability to access good food
- Inability to afford good food.

Psychological factors

- Isolation and loneliness
- Confusion
- Depression
- Anxiety
- Dementia
- Bereavement

Call to Action *summary*

- Incorporate malnutrition into the public health agenda
- Adopt an intersectoral approach
- Raise awareness of malnutrition amongst older people, their families and the public at large
- Incorporate access to nutritious food into local and community planning
- Develop adapted and accredited training in nutrition for all health, social care professionals and associated personnel
- Find viable ways to screen for malnutrition in the community
- Define standards and pathways of care.



Screening in the community

Social workers, community health and all paid staff involved in the care or provision of meals to older people should undertake screening for malnutrition at a regular frequency to allow for early detection and treatment.

Training in the use of a malnutrition screening tool should be made available to all *informal carers* of older people who volunteer to receive the training.

Managers of sheltered housing schemes should be required to undertake screening for malnutrition when an individual is assessed upon joining a scheme, and regularly thereafter.

From Malnutrition to Wellnutrition: A European Call for Action

22 November 2006

Le Meridien, Carrefour de l'Europe, Brussels



In association with the Finnish presidency of the European Union

Key recommendations

- ***Malnutrition needs to be raised on the political agenda*** across the EU
- ***Accountability of professionals*** is needed if the prevention of malnutrition is to become a core pillar of care. This involves:
 - appropriate training
 - standards of care
 - Accreditation.
- ***Innovative models are needed*** to ensure that good nutrition is fully integrated into all aspects of care delivery.

Next steps

- Research programme
 - BUPA research on food preferences of older people in care homes
 - Survey of 'best practice' models
 - Burden of Illness study on malnutrition
- EU lobbying
- National engagement

www.european-nutrition.org