

Malnutrition Awareness Week Virtual Briefing

DEFEAT MALNUTRITION TODAY

OCTOBER 6, 2020

defeat **malnutrition** today

Speakers

Bob Blancato, Defeat Malnutrition Today

Rep. Suzanne Bonamici (D-OR)

Ainsley Malone, ASPEN

Sarah Shapiro, U.S. Senate

Evelyn Fortier, U.S. Senate

Judy Simon, Administration for Community Living

Meredith Whitmire, Defeat Malnutrition Today

Rep. Suzanne
Bonamici

U.S. House of
Representatives



Malnutrition Awareness Week™



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Clinical Practice Specialist
American Society for Parenteral and Enteral Nutrition
Silver Spring, MD

The American Society for Parenteral and Enteral Nutrition (ASPEN)

ASPEN is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism. Founded in 1976, ASPEN is an interdisciplinary organization whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition. With more than 6,000 members from around the world, ASPEN is a community of dietitians, nurses, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education.



- Malnutrition Awareness Week™ started in 2012 (9th year)
- On the National Health Observances Calendar
- Week of educational webinars along with other non-CE offerings such as short videos, posters, one-page resources for clinicians and consumers
- Ambassador Program: As of now about 100 national and international organizations signed on. Over 1 million individuals receive access to education.
- Will be partnering with Canadians and UK again this year.
- Website and Toolkit www.nutritioncare.org/MAW

Why is Malnutrition Important?



Prevalence and Impact of Malnutrition

- Why is this important, particularly at the federal level?
- Selected studies and populations tell us 20-50% of hospitalized patients are at risk or are malnourished.
- National (Big Data) was needed to help tell the story.



- In 2016, there were **2.2 million** non-maternal and non-neonatal inpatient stays related to malnutrition, representing **8.1%** of **the 27.6 million** total non-maternal and non-neonatal stays.
- The most common type of malnutrition was protein-calorie malnutrition with approximately 1.45 million malnutrition-related stays (66.6%).³ **64% had Medicare as payer.**

MALNOURISHED HOSPITALIZED PATIENTS

ARE ASSOCIATED WITH HIGHER COSTS, LONGER STAYS & INCREASED MORTALITY*

2.2 million

hospital stays involved malnutrition in 2016



30-day readmissions are

1.6x higher in patients with malnutrition as compared to patients with no malnutrition



MALNUTRITION IS ASSOCIATED WITH:

Economic Burden



Hospital stays involving malnutrition accounted for

\$49 billion

Human Cost

Protein-calorie malnutrition related stays have

3x higher

in-hospital deaths than those without malnutrition



Longer Hospital Stays



Protein-calorie malnutrition related hospital stays were

2x longer

Rate of malnutrition is highest with older adults

Protein-Calorie Malnutrition Related Hospital Stays Per 100,000 Population



UNDERSTAND THE IMPACT OF MALNUTRITION. Learn more at nutritioncare.org/malnutrition

MALNOURISHED HOSPITALIZED PATIENTS

RACIAL, AGE, AND INCOME DISPARITIES

2.2 MILLION hospital stays involved malnutrition



Malnourished Patients Have:

2x LONGER Hospital Stays than patients with no malnutrition



2x HIGHER Hospital Costs than the average cost of all hospital stays

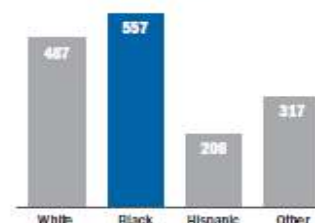
3x HIGHER Inpatient Death Rate than the average death rates of all hospitalized patients



Incidence of Malnutrition is Highest in Black, Elderly, and Poor Communities

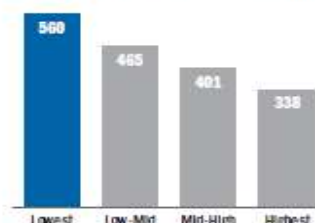
Inpatient Stays Per 100,000 Population

RACE



Black hospitalized patients have the highest rate of malnutrition.

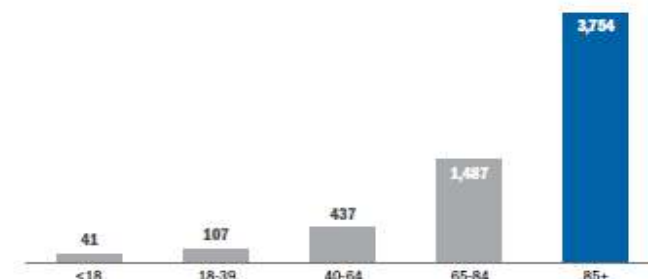
COMMUNITY-LEVEL INCOME*



The lower the income, the higher the malnutrition rate.

*Based on income of zip codes.

AGE



Rate of malnutrition increases exponentially with age.

Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: www.hcup-us.ahrq.gov/reports.jsp. Data shared is on 2016 protein-calorie malnutrition inpatients.

UNDERSTAND THE IMPACT OF MALNUTRITION
nutritioncare.org/malnutrition

Infographic development supported by

Baxter

aspEN LEADING THE SCIENCE AND PRACTICE OF CLINICAL NUTRITION
American Society for Parenteral and Enteral Nutrition

Consumer Education: Awareness

ASK ABOUT YOUR NUTRITION

Good Nutrition Can Help You Prevent Infections, Heal Faster, Feel Stronger



ARE YOU OR YOUR LOVED ONE EXPERIENCING ANY OF THESE?

<p>Unplanned Weight Loss</p>	<p>Loss of Appetite</p>	<p>Not Able to Eat or Only Able to Eat Small Amounts</p>	<p>Feeling Weak or Tired</p>	<p>Swelling or Fluid Accumulation</p>
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TALK TO YOUR HEALTHCARE PROVIDER

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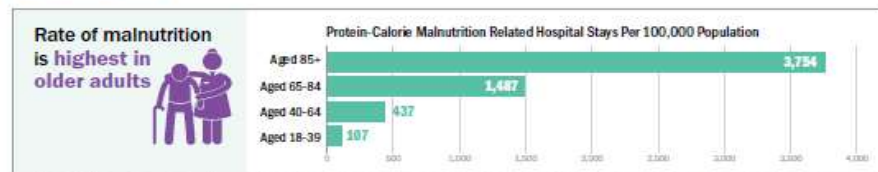
Go to nutritioncare.org/YourNutrition for more

Clinician: Assessment and Intervention

Why Nutrition is Important: Patient Over the Age of 65

The older adult has the potential to face significant nutrition issues prior to, during, and after hospitalization. This summary document is intended to provide key details and information about malnutrition in the older adult and how it can be addressed.

KEY FACTS



Barnett ML, Bailey MK, Owens PL. Non-nutritional and Non-oral Hospital Stays in the United States Involving Malnutrition, 2016. U.S. Agency for Healthcare Research and Quality. www.hras.usda.gov/reports.jsp.

- As aging coincides with various physical, mental, and lifestyle developments that affect food intake, the prevalence of malnutrition in older adults is increased.¹
- Chronic diseases are more common in older adults² and treatment for such diseases may interfere with proper nutrient absorption leading to malnutrition.
- Dementia is one disorder that affects nutritional status; complications range from dysphagia to anorexia, and therefore inhibit proper nutrition.³
- Financial instability may contribute to a higher prevalence of malnutrition, as 7.3% of seniors are reportedly food insecure, and 2.7% are very low food insecure.⁴ Further, only 43% of seniors eligible for Supplemental Nutrition Assistance Program (SNAP) participate.⁵
- Malnutrition is associated with a variety of health complications, including increased mortality, immune suppression, muscle wasting, longer length of hospital stay and higher health care costs.⁶
- Malnutrition is rarely diagnosed in a hospital setting—a 2018 analysis carried out by the Agency for Healthcare Research and Quality (AHRQ) found that malnutrition was only diagnosed in 8% of hospital visits,⁷ despite malnutrition affecting 25%-54% of hospital patients.⁸ This discrepancy highlights that many are undiagnosed and therefore do not receive adequate nutrition intervention.⁸
- Disease associated malnutrition (DAM) in older adults costs roughly \$51.3 billion per year.⁹ In one study, COPD, CHD and dementia made up a large share of this cost.⁹ Another found that dementia was the greatest contributor to DAM with costs of \$8.7 billion annually.⁸

\$51.3 BILLION

estimated annual cost of disease-associated malnutrition in older adults in the US

Snider JJ, Lathrop ML, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenter Enteral Nutr*. 2014;38(7):775-853.

What Should Clinicians Do? ▶



Why Nutrition is Important: Patient Over the Age of 65

KEY ACTIONS: WHAT SHOULD THE CLINICIAN DO?

- Perform nutrition screening followed by completion of a nutrition assessment by the registered dietitian in those identified at nutrition risk.
- Recognize that older adults often eat poorly in the hospital. Data suggests patients consume less than 50% of both protein and energy requirements from hospital meals.^{10,11}
- Avoid dietary restrictions with hospital diets. Providing more liberal oral diets will promote greater nutrient intakes.^{12,13}
- Initiate oral nutrition supplements (ONS) when oral intake is inadequate. Use of ONS can improve dietary intake and body weight and lower the risk of complications during the hospital stay.¹²
- Initiate nutrition support (enteral or parenteral nutrition) in malnourished patients or those at risk. A 2019 meta-analysis demonstrated reduced mortality and non-elective hospital readmissions in malnourished or "at-risk" medical inpatients provided with nutrition support.¹⁴
- Prescribe ONS upon discharge in malnourished patients. Use of supplements post discharge along with regular food intake has been shown to reduce hospital readmissions.¹⁵
- Continue nutritional care following discharge in malnourished patients through dietitian consultation. Hospital readmissions can be reduced with ongoing nutritional follow-up from a dietitian after hospital discharge.¹⁶



Use of oral nutrition supplements post discharge along with regular food intake has been shown to reduce hospital readmissions.¹⁵

References

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Visit nutritioncare.org/Malnutrition for more Why Nutrition is Important tip sheets and resources on malnutrition.



Senate Resolution on Malnutrition Awareness Week (S. Res. 716): Appreciate Co-sponsors

**Join ASPEN in the Fight
Against Malnutrition**

October 5-9, 2020

[Nutritioncare.org/MAW](https://nutritioncare.org/MAW)






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Speakers

Sarah Shapiro, U.S. Senate

Evelyn Fortier, U.S. Senate

Judy Simon

Administration for
Community Living



S.Res.716

Kevin Cramer (ND)

Ron Wyden (OR)

Ben Cardin (MD)

Chris Coons (DE)

James Lankford (OK)

Thom Tillis (NC)

Pat Roberts (KS)

Susan Collins (ME)

Shelley Moore Capito (WV)

Joni Ernst (IA)

Dianne Feinstein (CA)

Maggie Hassan (NH)

Cory Booker (NJ)

Tina Smith (MN)

Krysten Sinema (AZ)

Joe Manchin (WV)

Angus King (ME)

Richard Blumenthal (CT)

Chris Van Hollen (MD)

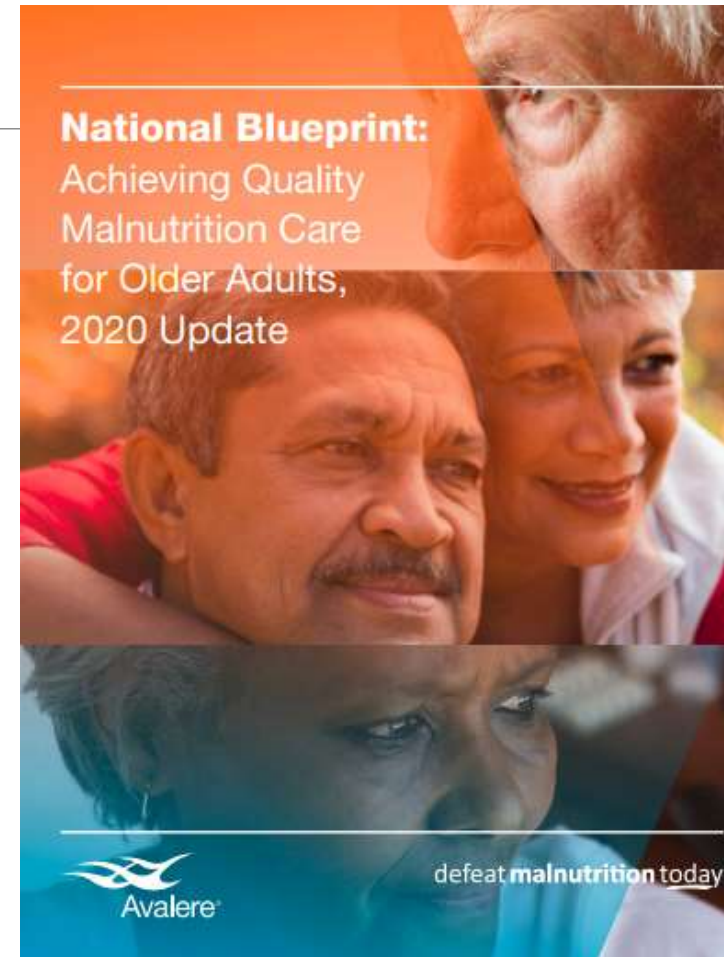
National Blueprint – 2020 Update

Inaugural publication in 2017

Provided a comprehensive review of the malnutrition “landscape” in the older adult

Offered potential actions to improve health outcomes for older adults by addressing malnutrition

Update completed in early 2020



Resources

Join the DMT coalition: <http://defeatmalnutrition.today>

Malnutrition Awareness Week: <https://www.nutritioncare.org/MAW/>

Email us:

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