

NEWS RELEASE

Practicalities of Integrating Nutrition into Geriatric Care

- *Dysphagia and malnutrition are modifiable conditions that diminish patient quality of life and heighten morbidity, mortality, and costs.*
- *Call for systematic validated screening to enable early nutrition intervention*
- *Multi-disciplinary teams are best positioned to support patients*

Vevey, Switzerland, October 2011 – The Nestlé Nutrition Institute organised several complimentary educational sessions at the 7th European Union Geriatric Medicine Society (EUGMS) Annual Congress in Malaga, Spain.

At the Nestlé Nutrition Institute Satellite Symposium, keynote speakers highlighted the benefits of integrated management of dysphagia and malnutrition. A multidisciplinary panel of experts, chaired by Professor Maurits Vandewoude, Head of the Geriatrics Dept, University of Antwerp (Belgium), outlined the magnitude of the problem for the patient as well as for health care systems. The pathophysiologic mechanisms leading to the development of oropharyngeal dysphagia along with the available methods for screening, identifying and treating this under-diagnosed condition were also discussed. Professor Vandewoude commented, “Earlier nutrition intervention coupled with systematic screening will allow multi-disciplinary teams to more effectively manage these under-diagnosed conditions and reduce the economic and societal burden of these treatable life-threatening conditions.”

Oropharyngeal dysphagia: A growing concern in health care

Professor Rebecca Leonard, Clinical Director of the Voice and Swallowing Centre, University of California-Davis (USA), highlighted that unmanaged dysphagia can have severe health consequences including malnutrition, dehydration, and aspiration pneumonia which is associated with increased mortality⁽¹⁾. She discussed how the swallowing mechanism changes with age and how otherwise healthy older individuals can suffer from dysphagia due to acute illness or certain medications. Professor Leonard noted, “Our studies have shown that older adults need longer swallowing time (25-30%) and experience a reduced upper oesophageal opening”. Epidemiologic studies^{(2), (3)} suggest that 22% of over 50 year olds suffer from dysphagia, rising to nearly 40% in those over 60. In the US alone, of 77 million hospitalisations in 2004/5 the mortality rate associated with dysphagia was 13.7%. In addition, hospital stays were twice as long at an estimated cost of \$547 million per year⁽⁴⁾.

Pathophysiology of oropharyngeal dysphagia in the older adult

Dr. Helena Bascuñana Ambrós, Director of Physical Medicine and Rehabilitation Dept, Sant Pau University Hospital, Barcelona (Spain), further explored the pathophysiology of dysphagia among older adults. She emphasised the nature of the oropharyngeal musculature; most of the muscle fibres being Type II which are powerful but tire quickly, and she illustrated the positive effect that exercise can have on reducing or reversing the atrophy in these muscles. Dr Bascuñana commented, “The optimal intervention for older people with dysphagia is compensatory, rehabilitative, or a combination of both.” She reported how her team has established a telemedicine rehabilitation program that makes use of the internet to provide guided therapy to patients in their homes, to improve the cost-effectiveness of follow-up care, and to avoid readmissions when their condition is not well-managed.

Dysphagia and malnutrition: From screening to treatment

Early identification of those at risk for dysphagia and malnutrition requires suitable screening tools for these highly prevalent conditions among older people. Dr Rosa Burgos Peláez, Chief of the Nutritional Support Unit, University Hospital Vall d’Hebron, Barcelona (Spain), focused on the need to consider the

sensitivity and specificity, and the ease of use when selecting a screening method. She presented the protocol used in her region for early screening and management of dysphagia and malnutrition among patients at-risk of these conditions. She reviewed in detail the screening tool for dysphagia, Eating Assessment Tool (EAT-10)⁽⁵⁾, an easy to perform test that is fast for patients to complete⁽⁶⁾, and how her team recently validated the Spanish version of this tool. The group found that the EAT-10 was easy to understand by over 95% of patients, quickly completed in less than 4 minutes, and useful to differentiate those patients with dysphagia risk vs. a normal swallow⁽⁷⁾. Dr Burgos also discussed the use of the Mini Nutritional Assessment short form (MNA[®]-SF)⁽⁸⁾, a highly sensitive and specific method to screen for malnutrition in older adults. Both of these tools are provided by the Nestlé Nutrition Institute as part of their on-going support of clinicians to improve patient quality of life through science-based nutrition interventions. “These screening methods are easy to perform and enable initiation of nutritional intervention that improves clinical outcomes of malnourished patients and reduces costs associated with the condition, such as decreasing hospital stay (average reductions of 2days or more) and readmissions (a 28% reduction)”, commented Dr Burgos^{(9),(10)}.

Hands-on application of science-based nutrition solutions in geriatric care: A multi-disciplinary effort

The Nestlé Nutrition Institute⁽¹¹⁾ also organised a workshop, which used a patient case study approach to illustrate the practicalities of integrating nutrition into geriatric care. Prof Frederico Cuesta Triana, geriatrician at Hospital Clinico San Carlo, Madrid (Spain), and Prof Stéphane M Schneider, Head of the Nutritional Support Unit in the Digestive Dept, Nice University Hospital (France), delivered a fully interactive session. The case showed the integration of nutrition screening and evidence-based decision making to determine the appropriate nutrition intervention. The participants’ knowledge of the ESPEN guidelines on enteral nutrition amongst older adults was tested alongside their awareness of the importance of protein and the effects of Vitamin D on the reduction of falls and fractures⁽¹²⁾. Data shows that a Vitamin D dose of >400 IU/d results in a 20% risk reduction of non-vertebral fractures⁽¹³⁾ and 700 IU/d results in a 23% reduction in fall risk⁽¹⁴⁾. Also discussed was data from a 2009 Cochrane review which demonstrated a 21% decrease in mortality in undernourished older adults when they are supplemented with Oral Nutritional supplements⁽¹⁵⁾. The workshop closed with consensus that early nutritional intervention can help prevent the downward spiral towards dependence which, associated with other co-morbidities, leads to a rapid decline in health, the need for institutionalisation and the associated economic and social burden.

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- ⁸ More information on: www.mna-elderly.com
- ⁹ Edited by Rebecca J Stratton, Ceri J Green, and Marinos Elia, 2003, Disease-Related Malnutrition: An Evidence-Based Approach To Treatment. Wallingford, United Kingdom. CABI Publishing.
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