



ESPEN Virtual Congress 2021: Key Takeaways for Medical Nutrition Innovation in 2022 and Beyond

Executive Summary

The ESPEN Virtual Congress 2021 delivered new science-led insights and solutions for improving nutritional care through systemic screening for malnutrition followed by adequate nutritional management. Read on for top takeaways from the Virtual Congress and discover why proper nutritional care should be accessible to all patients and the elderly.

Overview

During the Virtual Congress, experts discussed a range of topics including, amongst others, nutritional management in cancer patients, the elderly and those with inflammatory bowel disease (IBD), as well as perioperative nutrition and feeding challenges in intensive care units (ICU). Across these therapeutic areas, experts emphasized three focus areas if we are to enhance patient quality of life and reduce healthcare costs: the need for a multimodal approach to patient care; the importance of addressing micronutrient deficiencies in addition to adequate protein and energy intake; and the role of continued nutritional care after discharge.

One size doesn't fit all

A single approach to nutritional management in patients fails to cater to the requirements of the individual, resulting in lower standards of care and increased likelihood of malnutrition. For example, feeding problems are experienced by 3 in 4 cancer patients during therapy¹, and older people often have trouble chewing or swallowing which can result in a lower nutritional intake. What's more, the nutritional needs of a patient often differ based on their condition, treatment plan and energy requirements.

Nutrition beyond food

Malnutrition is a serious issue in healthcare facilities, where patients may experience micronutrient deficiencies. This can be exacerbated by feeding problems or a lack of fortified nutrition, lack of exercise (which is important in stimulating appetite and muscle protein synthesis) and lack of personalized treatments. This can contribute to other medical issues, such as sarcopenia in the elderly, worsened prognosis in cancer patients and increased patient malnutrition – ultimately leading to longer recovery times and higher healthcare costs.

Continued care

Readmission rates are impacted by the nutritional management offered after patient discharge. A lack of extended rehabilitation and long-term nutritional care can slow or even impair recovery particularly for older patients, those living with cancer and patients who have recently undergone surgery.

The View from ESPEN: A Condition-Specific Approach to Patient Care



Nutritional management in cancer patients

Early screening and assessment to detect malnutrition in cancer patients is crucial to help improve quality of care. The implementation of appealing, easy to consume nutritional solutions including omega-3 fatty acids (DHA and EPA) and prebiotics is essential to support optimal care of cancer patients. As recommended in the recent ESMO guidelines,² the importance of nutritional management as an integral part of multimodal cancer care must be communicated beyond nutrition specialists to medical oncologists, policy makers and other stakeholders across the healthcare system.



Nutritional care in surgery patients

To prevent malnutrition and provide cost-efficient care, ESPEN recommends implementing perioperative nutrition for surgery patients. This should start before surgery – with prehabilitation – to improve nutrition, support immune function and minimize risk of infection, and continue post-surgery after hospital discharge to promote healing, improve recovery time and prevent malnutrition and readmission.



ICU feeding

Tailored feeding practices are recommended for each patient to better accommodate their individual requirements. Results from the largest longitudinal real-world study on critically ill patients, EuroPN Study, have revealed that higher daily caloric intakes are associated with significantly lower risk of 90-day mortality.⁵



Overcoming malnutrition in the elderly

A person-centered, multi-disciplinary and integrated approach to the nutritional management of elderly people is essential to tackling frequent micronutrient deficiencies and improving care. This approach can support recovery, increase quality of life and reduce the risk of malnutrition and related health issues like sarcopenia and frailty.



Nutrition and IBD

Many questions on the pathophysiology of this condition remain unanswered. Still, research exploring the modification of gut microbiota holds promise for IBD management, and avenues including pre- and probiotics, fecal microbiota transplants and synthetic biology solutions are being explored.^{3,4}

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References

- 1) Muscaritoli et al., J Cachexia Sarcopenia Muscle, 2019.
- 2) Arends et al., ESMO Open, 2021.
- 3) Holscher, Gut Microbes, 2017.
- 4) Tsilingiri and Rescigno, Benef Microbes, 2013.
- 5) Matejovic et al., EuroPN, 2022.



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