



Oral Nutritional Supplements Improve Outcomes for Patients with COPD

Recent data presented June 3 at the International Society for Pharmacoeconomics and Outcomes Research ([ISPOR](#)) 19th Annual Meeting provides new evidence that oral nutritional supplements (ONS) improve the outcomes of hospitalized Medicare patients with chronic obstructive pulmonary disease (COPD).

Findings indicate that ONS reduced length of stay, the risk of hospital readmissions and hospital costs.

[Read more](#) about the study findings.

EXPERT SPOTLIGHT



Kelly Tappenden, PhD, RD, FASPEN, a Kraft Foods Human Nutrition Endowed Professor, and a University Distinguished Teacher-Scholar at the University of Illinois at Urbana-Champaign, is in our Expert Spotlight this month. [Read her thoughts](#) regarding the dietitian's involvement in battling malnutrition.

NEW ALLIANCE DEVELOPMENTS



[Learn more](#) about several ways in which the Alliance and its partner organizations are focusing on malnutrition in patients.



NUTRITION IN THE NEWS

[Finding the Right Feeding Tube: A Patient Account](#), *EndoNurse*

An 81-year-old retired firefighter describes his feelings regarding his recent necessity for a feeding tube. Mr. Foley details how he worked with his healthcare providers to find the right solution for him.

['Significant Gap' in Detection of Malnutrition in Canadian Hospital Patients](#), *Science Daily*

A recent study published in the *Journal of Parenteral and Enteral Nutrition* (JPEN) finds a wide disparity between perceived current practices and optimal practices of nutrition care in Canadian hospitals. The study was conducted by the Canadian Malnutrition Task Force.

FEATURE STORY



Oral Nutritional Supplements Improve Outcomes for Patients with COPD

Recent data presented June 3 in a poster session at the International Society for Pharmacoeconomics and Outcomes Research ([ISPOR](#)) 19th Annual Meeting in Montreal, Quebec provides new evidence that oral nutritional supplements (ONS) is effective in reducing length of stay (LOS), hospital costs and risk of readmission in Medicare patients with chronic obstructive pulmonary disease (COPD), a combination of emphysema and chronic bronchitis.

According to the American Lung Association, COPD is a progressive and debilitating lung disease affecting between 12.7 and 14.7 million adults over the age of 18. As such, COPD is now the third leading cause of death in the U.S., was responsible for more than 715,000 hospitalizations in 2010, and cost the healthcare system \$49.9 billion in 2010 – \$29.5 billion in direct health care expenditures, \$8 billion in indirect morbidity costs and \$12.4 billion in indirect mortality costs.

To demonstrate the role of ONS in reducing these costs, the study, conducted by researchers from Precision Health Economics and the University of Southern California and supported by Abbott Nutrition, used data from the Premier Research Database of hospitalized Medicare patients aged 65+ to create a one-to-one matched sample of older adults with a primary diagnosis of COPD, comparing those receiving ONS with non-treated patients. Specifically, the researchers focused on the ability of ONS to improve COPD outcomes on the basis of three factors: the length of stay, costs for their hospitalization and readmission rates.

Documenting the effectiveness of ONS in hospitalized COPD patients, the study attributed ONS use with a 21.5 percent reduction in LOS (from 8.75 days among untreated patients to 6.87 days for those receiving ONS) and a reduction in episode costs of \$1,570, from \$12,523 to \$10,953 or 12.5 percent. Among those episodes which could be tracked for follow-up, ONS use also lowered the probability of 30-day readmission by 13.1 percent.

The researchers concluded: “oral nutrition supplements present an inexpensive, effective means for reducing LOS, episode cost, and readmission risk in hospitalized Medicare patients with COPD. As such, ONS may offer an opportunity to reduce costs to Medicare while improving quality of outcomes.”

[Learn more](#) about how ONS can help patients with COPD experience improved outcomes.

¹Centers for Disease Control and Prevention. National Center for Health Statistics: National Health Interview Survey Raw Data, 1983-2011. Analysis performed by American Lung Association Research and Health Education using SPSS and SUDAAN software. ²Centers for Disease Control and Prevention. National Center for Health Statistics. National Hospital Discharge Survey raw data, 2010. Analysis performed by the American Lung Association Research and Health Education Division using SPSS software.

³National Heart Lung and Blood Institute. Morbidity and Mortality: 2009 Chart Book on Cardiovascular, Lung and Blood Diseases.

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EXPERT SPOTLIGHT



Kelly Tappenden, PhD, RD, FASPEN, a Kraft Foods Human Nutrition Endowed Professor, and a University Distinguished Teacher-Scholar at the University of Illinois at Urbana Champaign states: “Clinicians interacting with the patients don’t always realize the intricacies involved with diagnosing a patient with malnutrition. A patient can look well, but be malnourished or at risk for malnutrition. We need to create a culture where nutrition makes sense – a culture where all malnourished patients are identified and fed. This is the whole healthcare team’s responsibility.”

The Alliance continues to advocate for more rigorous screening standards, as well as greater collaboration among nurses, physicians, registered dietitian nutritionists and other healthcare providers, to standardize nutrition intervention processes and help patients get well.

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NEW ALLIANCE DEVELOPMENTS



A featured session taking place October 19 during the Academy of Nutrition and Dietetics' [Food and Nutrition Conference and Expo \(FNCE\)](#) in Atlanta, GA will shine a light on the important role RDNs play in improving outcomes and controlling costs by identifying pediatric patients at risk for malnutrition.

Entitled “Starved for Information: Standardizing the approach to Recognition and Documentation of Pediatric Malnutrition,” the session will describe an evidence-based, consensus developed approach to standardize the recognition and documentation of pediatric malnutrition from 1 month to 18 years. [Learn more about FNCE and how to register.](#)

The [Academy of Medical-Surgical Nurses](#) is encouraging nurses to share their experiences in employing nutrition interventions to improve patient outcomes. Beth Quatrara, DNP, RN, CMSRN, clinical representative for AMSN to the Alliance comments: “As nurses we don’t often place nutrition on the top of our basic interventions list. We certainly recognize its value but it is not often considered a high patient care priority. However, nurses have a pivotal role in detecting and treating malnutrition in order to improve patient outcomes.” [Your story is valuable, please share it!](#)

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NUTRITION IN THE NEWS

[Finding the Right Feeding Tube: A Patient Account](#), *EndoNurse*

A patient account from 81-year old retired firefighter, George Foley, shows how challenging it can be for an older adult to receive a diagnosis of malnutrition and get treated with nutrition therapy.

In Mr. Foley's case, he began having difficulty swallowing 10 years ago, went to see a neurologist and underwent several tests but was told his inability to swallow was a medical mystery. In fact, his physicians recommended he meet with a speech therapist to help strengthen his throat muscles. Because he still had trouble swallowing, he relied on nutrition shakes for nourishment but started losing a significant amount of weight.

['Significant Gap' in Detection of Malnutrition in Canadian Hospitals Patients](#), *Science Daily*

The survey, published in the Journal of Parenteral and Enteral Nutrition (JPEN) and conducted by the Canadian Malnutrition Task Force, found that large percentages of doctors believe that nutrition assessments should be done with patients upon admission (87 percent), during hospitalization (86 percent), and at discharge (78 percent). However, perceived current nutrition assessments completed were much lower, at 33 percent upon admission, 41 percent during hospitalization, and 29 percent at discharge. The overall conclusion is that an interdisciplinary team is needed to address malnutrition in hospitalized patients.

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