



Management of disease-related malnutrition for patients being treated in hospital

Publication: Lancet

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Authors: Philipp Schuetz, David Seres, Dileep N Lobo, Filomena Gomes, Nina Kaegi-Braun, Zeno Stanga

Disease-related malnutrition in adult hospital patients is a syndrome associated with increased morbidity, disability, short-term and long-term mortality, impaired recovery from illness, and cost of care. Malnutrition has become the focus of research aimed at translating current knowledge of its pathophysiology into improved diagnosis and treatment. Researchers are particularly interested in developing nutritional interventions that reverse the negative effects of disease-related malnutrition in the hospital setting. High-quality randomised trials have provided evidence that nutritional therapy can reduce morbidity and other complications associated with malnutrition in some patients. Screening of patients for risk of malnutrition at hospital admission, followed by nutritional assessment and individualised nutritional interventions for malnourished patients, should become part of routine clinical care and multimodal treatment in hospitals worldwide.

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Nutritional trials using high protein strategies and long duration of support show strongest clinical effects on mortality.: Results of an updated systematic review and meta-analysis

Publication: Clin Nutr ESPEN

Publish Date: October 2021

Authors: Nina Kaegi-Braun, Montserrat Faessli, Fiona Kilchoer, Saranda Dragusha, Pascal Trbolet, Filomena Gomes, Céline Bretscher, Sara Germann, Nicolaas E Deutz, Zeno Stanga, Beat Mueller, Philipp Schuetz

This updated meta-analysis on nutritional support in the population of malnourished medical inpatients investigated associations of trial characteristics including clinical setting, duration of intervention, individualization of nutritional support and amount of energy and protein, and effects on clinical outcomes. 29 randomized-controlled trials with a total of 7,166 patients were included. Overall, there was an almost 30%-reduction in mortality in patients receiving nutritional support compared to patients not receiving nutritional support (253/2960 [8.5%] vs. 336/2976 [11.3%]) with an odds ratio of 0.72 (95% CI 0.57 to 0.91, p = 0.006). The most important predictors for the effect of nutritional trials on mortality were high protein strategies (odds ratio 0.57 vs. 0.93, I² = 86.3%, p for heterogeneity = 0.007) and long-term nutritional interventions (odds ratio 0.53 vs. 0.85, I² = 76.2%, p for heterogeneity = 0.040). Nutritional support also reduced unplanned hospital readmissions and length of hospital stay.

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Effect of Oral Nutritional Supplementation on Growth in Children with Undernutrition: A Systematic Review and Meta-Analysis

Publication: Nutrients

Publish Date: August 2021

Authors: Zhiying Zhang, Fei Li, Bridget A Hannon, Deborah S Hustead, Marion M Aw, Zhongyuan Liu, Khun Aik Chuah, Yen Ling Low and Dieu T T Huynh

Oral nutritional supplements (ONS) are used to promote catch-up growth in children with undernutrition. This systematic review and meta-analysis to summarizes the evidence of ONS intervention effects on growth for 9-month- to 12-year-old children who were undernourished or at nutritional risk. The RCTs included 2287 children without chronic diseases (mean age 5.87 years [SD, 1.35]; 56% boys). At follow-up time points up to 6 months, results showed that children in the ONS intervention group had greater gains in weight and height versus control. The authors concluded, for children with undernutrition, particularly those who were mildly and moderately undernourished, usage of ONS in a nutritional intervention resulted in significantly better growth outcomes when compared to control treatments (usual diet, placebo or DC alone).

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Normal anthropometry does not equal normal body composition in pediatric intestinal failure

Publication: JPEN

Publish Date: September 2021

Authors: Yanchis D, Belza C, Harrison D, Wong-Sterling S, Kean P, So S, Patterson C, Wales PW, Avitzur Y, Courtney-Martin G

Published reports on abnormal body composition in pediatric patients with intestinal failure have been in patients with poor growth. The goal of the current study is to report the body composition of normally growing patients with intestinal failure. Children 8–18 years old with a dual-energy x-ray absorptiometry (DXA) between January 1, 2013, and July 15, 2018, were included in this retrospective study. DXA data, including total body less head bone mineral density (BMD), fat mass (FM), and fat-free mass (FFM), were collected and compared with published literature controls matched for age and sex. The authors concluded, despite reference range z-scores for height and weight, children with intestinal failure are at risk for abnormal body composition. Body composition should be routinely measured in children with intestinal failure to direct nutrition interventions.

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