



ANHI October 2024 Nutrition Research Review

Strategies for Minimizing Muscle Loss During Use of Incretin-Mimetic Drugs for Treatment of Obesity

Publication: Obesity Reviews

Publish Date: September 2024

Authors: Mechanick JI, Butsch WS, Christensen SM, Hamdy O, Li Z, Prado CM, Heymsfield SB

SUMMARY

The rapid and widespread clinical adoption of highly effective incretin-mimetic drugs (IMDs) for treating obesity has outpaced updates to clinical practice guidelines. As a result, numerous patients might face side effects and unpredictable long-term outcomes from using these drugs. A major concern is the loss of skeletal muscle mass and function that can accompany swift and significant weight loss. This can negatively impact functional and metabolic health, trigger weight cycling, diminish quality of life and other adverse outcomes. Evidence shows that clinical trial participants lost 10% or more of their muscle mass in 68-72 weeks, similar to 20 years of age-related muscle loss. Maintaining muscle mass during caloric restriction-induced weight reduction is

influenced by proper nutrition and physical exercise. Nutrition therapy should include sufficient high-quality protein and micronutrients, which may require oral nutritional supplements. Physical activity, particularly resistance training, helps minimize muscle mass and function loss during weight reduction. All patients undergoing IMD therapy for obesity should engage in comprehensive treatment plans focusing on sufficient protein and micronutrient intake and resistance training. This approach helps preserve muscle mass and function, enhances the benefits of IMD therapy, and reduces potential risks.

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Measurement of Mid-Upper Arm Circumference to Screen for Childhood Malnutrition: General Applicability & Use in Special Populations

Publication: Nutrition in Clinical Practice

Publish Date: September 2024

Authors: Becker P, Abdel-Rahman S, Nemet D, Marino LV, Noritz G, Fisberg M, Beretich K

SUMMARY

The mid-upper arm circumference (MUAC) is often underused as a screening tool for pediatric malnutrition, despite its unique advantages and clinical utility. A scientific roundtable convened several experts in pediatric malnutrition to discuss the clinical application of anthropometric measures, with a particular focus on MUAC. This article, derived from that event, aims to educate clinicians on implementing MUAC measurements. It not only describes the use of MUAC as a screening tool but also highlights various clinical situations where MUAC is particularly beneficial. Additionally, the article covers practical aspects of measuring and interpreting MUAC values, provides links to further educational resources, and briefly outlines areas where more research is needed regarding MUAC's use in assessing children's nutritional status.

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Conference Report: Leveraging the Global Malnutrition Composite Score for Quality Improvement, Health Equity, and Better Patient Outcomes

Publication: OBM Geriatrics

Publish Date: September 2024

Authors: Mitchell KR, Dittloff M, Larson J, Belcher D

SUMMARY

In January 2024, the Centers for Medicare & Medicaid Services (CMS) introduced the Global Malnutrition Composite Score (GMCS) as a nutrition-focused quality measure in the Hospital Inpatient Prospective Payment System (IPPS) Inpatient Quality Reporting (IQR) Program. Hospitals can voluntarily report GMCS to meet the requirements for IPPS IQR payments while helping to improve hospital malnutrition care and support hospital health equity. This report summarizes a panel discussion from the October 2023 Academy of Nutrition and Dietetics Food and Nutrition Conference & Expo, where experts discussed integrating GMCS into electronic health records (EHRs). They highlighted the use of GMCS data to facilitate patient transitions to post-acute care by addressing food insecurity and malnutrition. These strategies aim to prevent complications and readmissions, enhance patient outcomes and health, achieve quality and health equity objectives, and reduce healthcare costs.

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Global Estimation of Dietary Micronutrient Inadequacies: A Modelling Analysis

Publication: Lancet Global Health

Publish Date: August 2024

Authors: Passarelli S, Free CM, Shepon A, Beal T, Batis C, Golden CD

SUMMARY

Over the past decade, analyses have assessed global micronutrient deficiencies and nutrient supplies, but no global estimates of inadequate micronutrient intakes existed until now. This study aimed to estimate the global prevalence of inadequate intakes for 15 essential micronutrients and identify dietary gaps in specific demographic groups and

countries.

Using a novel approach that considers the distribution of nutrient intake within populations, the study analyzed dietary data from 31 countries. By applying age-specific and sex-specific nutrient requirements to data from the Global Dietary Database, the study estimated the prevalence of inadequate intakes for 99.3% of the global population.

The findings reveal that over 5 billion people do not consume enough iodine (68%), vitamin E (67%), and calcium (66%). Additionally, more than 4 billion people have inadequate intakes of iron (65%), riboflavin (55%), folate (54%), and vitamin C (53%).

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ESPEN Practical Guideline on Clinical Nutrition in Hospitalized Patients with Acute or Chronic Kidney Disease

Publication: Clinical Nutrition

Publish Date: September 2024

Authors: Sabatino A, Fiaccadori E, Barazzoni R, Carrero JJ, Cupisti A, De Waele E, Jonckheer J, Cuerda C, Bischoff SC

SUMMARY

This guideline focuses on providing evidence-based recommendations for clinical nutrition in hospitalized patients with acute kidney disease (AKD) or chronic kidney disease (CKD). It highlights the significant metabolic and nutritional consequences of these conditions and the potential impact of kidney replacement therapy (KRT) on nutritional requirements. Thirty-two evidence-based recommendations and 8 statements, define how to evaluate nutritional status, identify at-risk patients, select the appropriate feeding route, and integrate nutrition with KRT. Given the high nutritional risk associated with this clinical condition, an individualized approach is essential. This should include evaluating and monitoring nutritional status, regularly assessing nutritional needs, and carefully integrating nutrition with KRT to prevent both underfeeding and overfeeding. Practical recommendations and statements have been developed to provide guidance for everyday clinical practice in personalizing nutritional support for these patients.

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