



Update on use of enteral and parenteral nutrition in hospitalized patients with a diagnosis of malnutrition in the United States

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This publication is an updated review of US national data in patients with a coded diagnosis of malnutrition (CDM) and the use of nutrition support (enteral nutrition [EN] and parenteral nutrition [PN]) conducted using the Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project and Medicare Claims data. Results demonstrated a growing trend in CDM accompanied by continued low utilization of PN and EN. The underutilization of nutrition support may be due to product shortages, reluctance of clinicians to use these therapies, undercoding of nutrition support, strict adherence to published guidelines, and other factors.

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The economic cost of not coding disease-related malnutrition

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The objective of this observational, prospective study was to estimate the percentage of correct disease-related malnutrition (DRM) coding in cancer inpatients and to calculate the economic losses from non-coding. The study included a total of 266 patients. The study results showed that 220 (82.7%) suffered from DRM according to the Subjective Global Assessment (SGA). In 137 (51.5%) of these patients, diagnosis was coded, as opposed to 83 (31.2%) cases (33 subjects with moderate and 50 with severe DRM) in whom it was not coded. The total cost reimbursement for the hospital before revising the diagnosis of malnutrition was €1,607,861.21 and after revision it increased up to €1,799,199.69, which means that €191,338.48 were not reimbursed to the hospital due to the lack of coding of malnutrition. Overall, the study showed that the prevalence of DRM in cancer inpatients is high; however, the diagnosis is not coded in one third of patients, which results in important economic losses for the hospitals.

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Pedi-R-MAPP: The development of a nutritional awareness tool for use in remote pediatric consultations using a modified Delphi consensus

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The Remote Malnutrition Application (R-MAPP) was developed during the COVID-19 pandemic to provide support for health care professionals (HCPs) working in the community to complete remote nutritional assessments and provide practical guidance for nutritional care. The aim of this study was to modify the R-MAPP into a version suitable for children, Pediatric Remote Malnutrition Application (Pedi-R-MAPP), and provide a structured approach to completing a nutrition focused assessment as part of a technology enabled care service (TECS) consultation. This study reports on the Pedi-R-MAPP tool, developed using a modified Delphi consensus. The tool seeks to provide a structured approach to completing a nutrition focused assessment, in addition to identifying the frequency of follow up with children who may require in-person assessment. Although further study and validation is needed, there is potential for this tool to be embedded within a child's electronic patient health records. When used within a quality improvement framework it may help improve the early recognition of declining nutrition status thereby improving nutritional status of children.

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Food choice in transition: adolescent autonomy, agency, and the food environment

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Dietary intake during adolescence sets the foundation for a healthy life, but adolescents are diverse in their dietary patterns and in factors that influence food choice. More evidence to understand the key diet-related issues and the meaning and context of food choices for adolescents is needed to increase the potential for impactful actions. The aim of this second Series paper is to elevate the importance given to adolescent dietary intake and food choice, bringing a developmental perspective to inform policy and programmatic actions to improve diets. We describe patterns of dietary intake, then draw on existing literature to map how food choice can be influenced by unique features of adolescent development. Pooled qualitative data is then combined with evidence from the literature to explore ways in which adolescent development can interact with sociocultural context and the food environment to influence food choice. Irrespective of context, adolescents have a lot to say about why they eat what they eat, and insights into factors that might motivate them to change. Adolescents must be active partners in shaping local and global actions that support healthy eating patterns. Efforts to improve food environments and ultimately adolescent food choice should harness widely shared adolescent values beyond nutrition or health.

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Utilization and validation of the Global Leadership Initiative on Malnutrition (GLIM): A scoping review

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Authors: Maria Isabel T D Correia, Kelly A Tappenden, Ainsley Malone, Carla M Prado, David C Evans, Abby C Sauer, Refaat Hegazi, Leah Gramlich

In 2018, the Global Leadership Initiative on Malnutrition (GLIM) published a set of evidence-based criteria as a framework for malnutrition diagnosis in adults. A scoping review was conducted to understand how the GLIM criteria have been used in published literature and compare the reported validation methods to published validation guidance. Seventy-nine studies were reviewed; 32% were in patients at least 65 years of age; 67% occurred in hospitals. The majority were cohort studies (61%). Fifty-seven percent employed all 5 GLIM criteria. Regarding phenotypic criteria, 92% used low BMI, and 45% applied anthropometry as a marker for muscle mass, of which 54% used calf circumference. Regarding etiologic criteria, 72% used reduced food intake/assimilation, and 85% applied inflammation/disease burden. Validation of GLIM criteria was described in 77% of publications. The GLIM criteria have been studied extensively since their publication. However, how the criteria were combined and how validation was conducted were not clear in most studies. Adequately powered, methodologically sound validation studies using the complete GLIM criteria are needed in various patient populations and disease settings to assess validity for the diagnosis of malnutrition.

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