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Maternal & Child Undernutrition Progress: A Series from The Lancet

Publication: The Lancet

Publish Date: 7 Mar 2021

The latest Series on Maternal and Child Undernutrition Progress, includes three new papers that build upon findings from the previous 2008 and 2013 Series, which established an evidence-based global agenda for tackling undernutrition over the past decade. The papers conclude that despite modest progress in some areas, maternal and child undernutrition remains a major global health concern, particularly as recent gains may be offset by the COVID-19 pandemic. The Series reiterates that previously highlighted interventions continue to be effective at reducing stunting, micronutrient deficiencies, and child deaths and emphasizes the importance of delivering these nutrition interventions within the first 1,000 days of life. However, despite this evidence, program delivery has lagged behind the science and further financing is needed to scale up proven interventions.

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Assessment of Nutritional Status in Children With Kidney Diseases: Clinical Practice Recommendations From the Pediatric Renal Nutrition Taskforce

Publication: Pediatric Nephrology

Publish Date: April 2021

Authors: Nelms, Christina L.; Shaw, Vanessa; Greenbaum, Larry A.; Anderson, Caroline; Desloovere, An, et al.

In children with kidney diseases, an assessment of the child's growth and nutritional status is important to guide the dietary prescription. No single metric can comprehensively describe the nutrition status; therefore, a series of indices and tools are required for evaluation. The Pediatric Renal Nutrition Taskforce (PRNT) is an international team of pediatric renal dietitians and pediatric nephrologists who develop clinical practice recommendations (CPRs) for the nutritional management of children with kidney diseases. Herein, we present CPRs for nutritional assessment, including measurement of anthropometric and biochemical parameters and evaluation of dietary intake. The statements have been graded using the American Academy of Pediatrics grading matrix. Statements with a low grade or those that are opinion-based must be carefully considered and adapted to individual patient needs based on the clinical judgment of the treating physician and dietitian. Audit and research recommendations are provided. The CPRs will be periodically audited and updated by the PRNT.

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Assessment of Nutritional Status in Pediatric Outpatients Using Bioelectrical Impedance Analysis & Anthropometric Z-scores

Publication: J Paediatr Child Health

Publish Date: March 2021

Authors: Yuan Zhu, Hong Ye, Yi Feng , Li-Ya Pan, Huan-Huan Fu, Yun-Man Liu, Jun Fei, Li Hong

A retrospective data analysis of tertiary pediatric hospital outpatients from 2017 to 2019 was conducted. Patients were categorized into three groups (non-illness, illness and simple obesity) according to clinical diagnoses. The nutritional status was evaluated

using anthropometric and bioelectrical impedance analysis. In addition, body composition measurements of patients in three subgroups of the illness group and age- and gender-matched healthy controls were compared.

The results suggested the low fat-free mass index prevalence was greater than the low body mass index z-score prevalence among pediatric outpatients, and body composition parameters varied across different illnesses. Body composition analysis is recommended in nutrition clinics for accurate pediatric outpatient nutritional assessment, thereby providing timely individualized nutritional interventions.

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

Publication: Clin Nutr

Publish Date: 9 Feb 2021

Authors: Enrico Fiaccadori, Alice Sabatino, Rocco Barazzoni, Juan Jesus Carrero, Adamasco Cupisti, Elisabeth De Waele, Joop Jonckheer, Pierre Singer, Cristina Cuerda

Acute kidney disease (AKD) and chronic kidney disease (CKD) are highly prevalent among hospitalized patients and they have important metabolic and nutritional consequences. The ESPEN guideline provides evidence-based recommendations for clinical nutrition in hospitalized patients with AKD and CKD. The present guideline is intended as a basic framework of both evidence and expert opinions, aggregated in a structured consensus process, in order to update the two previous ESPEN Guidelines on Enteral (2006) and Parenteral (2009) Nutrition in Adult Renal Failure.

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Point-Counterpoint: Indirect Calorimetry is Not Necessary for Optimal Nutrition Therapy in Critical Illness

Publication: Nutr Clin Pract

Publish Date: 26 Mar 2021

Authors: Stephen A McClave, Endashaw Omer

Clinicians have recognized that indirect calorimetry (IC) is the "gold standard" for measuring energy expenditure (EE) and would anticipate that its use would be needed to provide optimal nutrition support in critical illness. Recent studies in the literature as well as dramatic changes in clinical practice over the past decade would suggest that such a precise measure by IC to set energy goals is not required to maximize clinical benefit from early feeding in the intensive care unit (ICU). This article examines results from randomized controlled trials evaluating permissive underfeeding, use of supplemental parenteral nutrition to achieve tight calorie control, and caloric density of formulas to increase energy delivery and how this either supports or does not support the use of IC in critical illness.

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Nutrition Care Practice Patterns for Patients With COVID-19: A Preliminary Report

Publication: JPEN J Parenter Enteral Nutr

Publish Date: 17 Mar 2021

Authors: Velarie Ansu, Constantina Papoutsakis, Nana Gletsu-Miller, Lisa A Spence, Kathryn Kelley, Lindsay Woodcock, Taylor C Wallace, Alison Steiber

This cohort study collected data on the nutrition care provided to patients with Coronavirus disease 2019 (COVID-19) by Registered Dietitian Nutritionists (RDNs). The results showed that hospitalized COVID-19 patients (N = 101) were older adults and had elevated body mass index (BMI). The most frequent nutrition problems were inadequate oral intake (46.7%), inadequate energy intake (18.9%), and malnutrition (18.4%). These problems were managed predominantly with enteral nutrition, food supplements, and multivitamin-multimineral supplement therapy. This dataset is the first of its kind to report on the types of nutrition diagnoses and interventions for COVID-19 cases used by RDNs and highlights the need for increased and continued nutrition care.

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Poor Nutritional Status, Risk of Sarcopenia & Nutrition Related Complaints Are Prevalent in COVID-19 Patients During & After Hospital Admission

Publication: Clinical Nutrition ESPEN

Publish Date: In Press

Authors: Nicolette J Wierdsma, Hinke M Kruijzena, Lotte AML Konings, Daphne Krebbers, Jolein RMC Jorissen, Marie-Helene I Joosten, Loes H van Aken, Flora M Tan, Ad A van Bodegraven, Maarten R Soeters, Peter JM Weijs

This prospective observational study aimed to delineate nutritional complaints, nutritional status and risk of sarcopenia of COVID-19 patients, during hospitalization and after discharge in 407 patients. Study results showed that 60% were admitted to the ICU during hospitalization with a median LOS of 15 days and an in-hospital mortality rate of 21%. Furthermore, one in five patients suffered from serious acute weight loss and 73% had a high risk of sarcopenia. Moreover, almost all patients had one or more nutritional complaints, including decreased appetite, feeling of being full, shortness of breath and changed taste and loss of taste. Although nutritional complaints persisted after discharge, only a small group of patients received nutrition treatment after hospital discharge in the recovery phase.

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