

Why is nutritional care important for patients with COVID-19 across the healthcare continuum?

«Prevention, diagnosis and treatment of malnutrition should be routinely included in the management of COVID-19 patients.»¹ European Society for Clinical Nutrition and Metabolism (ESPEN)

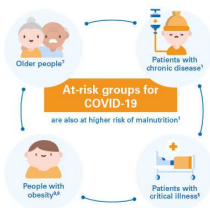
Who is impacted?

Up to **50%**

of patients hospitalised with COVID-19 are malnourished¹⁵

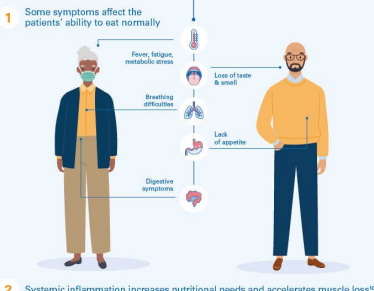
Patients in intensive care can experience loss of up to

1KG MUSCLE PER DAY*



Why are patients with COVID-19 at risk of malnutrition?

1. The impact of COVID-19:



2. The context of the pandemic:



Malnutrition impacts health outcomes and increases healthcare costs

Health Outcomes

- Compromised immune function and impaired resistance to infections^{11,13}
- Increased complications and delayed recovery^{11,12}
- Poorer prognosis^{4,11}
- Reduced ability to perform daily activities^{11,14,15}

Healthcare Costs

- Increased healthcare use and expenditure^{16,17}
- Increased length of hospital stay^{16,18}

Medical nutrition provides nutritional, functional and clinical benefits throughout the continuum of care¹²

- Better recovery: improved physical function and fewer complications^{1,12}
- Improved quality of life^{11,12}
- Fewer deaths¹², including for patients with respiratory infections¹⁹
- Fewer hospital admissions and shorter hospital stays^{12,20}

Scientific experts highlight the need to integrate nutritional management in the care of patients with COVID-19

«Prevention, diagnosis and treatment of malnutrition should be routinely included in the management of COVID-19 patients.»¹ ESPEN

In the hospital¹

- Early screening for malnutrition and prompt intervention with medical nutrition should be provided.
- Hospitalized patients who don't reach nutritional needs with dietary advice should be given oral nutritional supplements. If these are not sufficient, enteral or parenteral nutrition should be provided depending on the clinical status.
- For intubated patients, enteral nutrition should be provided, or parenteral nutrition if enteral nutrition is not sufficient or suitable.
- Screening and management of swallowing difficulties should be routinely performed.

Continuity of treatment across care settings and follow up in the community is crucial to support recovery.

At home/in the community^{1,21}

During recovery after discharge from hospital, and for patients with COVID-19 at home

- Every patient should have access to appropriate individualized medical nutrition, even if social distancing measures are in place.
- For malnourished or at risk patients, nutritional treatment should continue after hospital discharge with oral nutritional supplements and individualized nutritional plans.
- In case of swallowing difficulties, texture modified food and thickened fluids should be considered.
- Some patients may also need home enteral or parenteral nutrition.
- Nutritional care plans should be regularly monitored, using telemedicine when necessary.²²
- Patients and carers should be informed on the importance of adherence with nutritional treatment, on tools for self-screening of nutritional risk, and when to contact health care providers.

Call for action to improve patient outcomes:

Screening for malnutrition and timely nutritional intervention should be an integral component of care for patients with COVID-19

Healthcare professionals

- Screen for malnutrition using available easy-to-use validated tools¹
- Use appropriate medical nutrition interventions throughout patient care pathways
- Use telemedicine where appropriate

Decision makers

- Support implementation of nutritional care guidelines
- Ensure patient access to nutritional care across clinical settings and at home
- Provide reimbursement and financing for nutritional interventions

Patients

- Monitor your weight and food intake
- Consult your healthcare team if you are losing weight/have concerns about your appetite
- Request information on nutritional support after discharge from hospital

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