

Review

Nutrition in care homes and home care: Recommendations – a summary based on the report approved by the Council of Europe

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SUMMARY

Undernutrition in home care and care home settings has been acknowledged as a situation with various causes and significant consequences on both an individual and social level. A review article exposing this problem has been recently published. Consequently, scientific experts and other stakeholders were involved in formulating recommendations to tackle undernutrition and sensitize political authorities. The forum held in Brussels and its proceedings were considered as a baseline to interview stakeholders involved in care homes and home care in order to propose solutions on different levels. A full report including guidelines was sent and accepted by the Council of Europe, and can be used as a basis for implementing strategies on a national and international level.

A multidisciplinary approach is important to successfully tackle malnutrition on multiple levels: the patients, the health care workers (medical and non-medical), the public, policy makers and society stakeholders. Awareness for patients and caregivers is important; this can be obtained by information and appropriate training. Care home management and kitchen staff activities can be modified in order to promote nutrition. Policy makers should create legal frameworks to confront malnutrition as being a public health concern.

Undernutrition in home care and care home settings is a considerable problem and confrontation involves a multidisciplinary approach.

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1. Introduction

As published previously, undernutrition is a state of nutrition in which a deficiency of energy, protein and other nutrients causes adverse effects on tissue or body form (body shape, size and composition), function or clinical outcome.¹ The focus of the forum organized by the Belgian Food and Health Plan on November 21–22 in Brussels 2007 was on undernutrition, concerning seniors in home care and care home settings. Proceedings of this forum were published as a review article in *Clinical Nutrition*.²

The Council of Europe is a political organization which was founded on 5 May 1949 by 10 European countries in order to promote greater unity between its members. It now comprises 47 member states. The work of the Council of Europe has led, to date, to the adoption of over 200 European conventions and agreements which create the basis for a common legal space in Europe and propose policy guidelines for national governments. With the help

of the National Food and Health Plan (NFHP-B),³ a working group with leading experts from society, academia and authorities was created to identify the main causes of undernutrition and develop an action plan with recommendations to improve the situation. A full report including recommendations on nutrition in care homes and home care has been prepared by the Belgian delegation of the Committee of Experts on Nutrition, Food and Consumer Health and approved by the Council of Europe.^{3,4} The report is available on the Council of Europe Online Bookshop.⁴

It is clear that tackling the problem of undernutrition in care homes and home care requires a multidisciplinary approach with different fields of action (Fig. 1). The objective of this action is to promote implementation of nutritional strategies at a European and national level by sensitizing political authorities.

2. Recommendations addressing underlying causes of undernutrition in care homes and home care

The most important causes of undernutrition are: insufficient intake of nutrients and loss of nutrients. Acute disease

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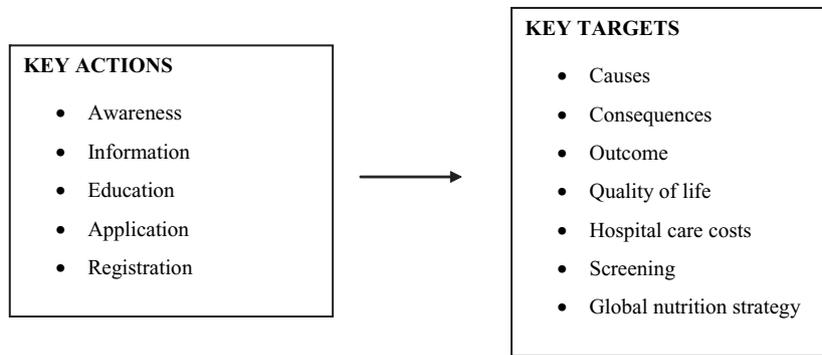


Fig. 1. Key actions in tackling undernutrition in care home and home care settings.

and disabilities have been identified as underlying problems, as well as a general decrease in food intake, sensation of hunger and thirst. Especially in the home care situation, many factors can contribute to the gradual decline of the nutritional status.^{2,5}

It is obvious that confronting undernutrition requires special attention to all confounding factors. Undernutrition is directly linked to diseases, so treating the underlying pathology is essential. Promoting dental and oral hygiene can also have a positive impact on food intake. Restrictive and useless diets can lead to undernutrition without any real medical benefit; a larger span of aliments should be allowed. A major cause of undernutrition is social isolation and loss of autonomy; political agendas should include plans to confront these problems.

3. Recommendations regarding consequences of undernutrition on outcome and quality of life

It has been well documented that undernutrition is linked to poor outcome. Undernourished patients have longer hospital stays, and present a 20-fold increase in complication rate. Moreover, morbidity is increased in these patients compared to well-nourished individuals with the same diseases.⁶ Furthermore, the nutritional deficits often persist for variable periods subsequent to discharge. Patients who remain undernourished at discharge have substantially increased rates of early hospital readmission and 1-year mortality.⁷

Sarcopenia with muscle wasting is a major consequence of undernutrition, leading to respiratory failure and decreased capacity for daily activities.^{8,9} Consequently, these individuals are physically dependant and experience an important loss of autonomy, which leads to depression and progressive withdrawal. A vicious cycle is installed, resulting in social isolation and aggravation of the nutritional state.

Specific recommendations targeting social consequences of undernutrition include developing policies and structures that allow elderly individuals to stay in their homes by financing adapted housings and by offering catering services of high nutritional quality. Another strategy would be to favor policies that encourage social interaction between generations, such as bi-generation housing.

4. Recommendation regarding consequences of undernutrition on health care costs

Undernutrition-related disease is an economic burden in most countries, although limited data are available.¹⁰ Therefore, preventive medicine should be one of the cornerstones of

actions undertaken to reduce health care costs. Cost-effectiveness analysis, which should take into account social justice and equity-efficiency trade-off, is important to determine appropriate management. Prevention should probably start during hospitalization, by improving general food provision and offering medical reimbursement for oral supplementation and artificial nutrition. Moreover, an important element is assuring a smooth transition between the hospital and home or care centers and providing continuous nutritional support. This could be achieved by lowering the costs by offering reimbursement of dietetic counseling and supplements, as well as catering services.

5. Recommendations regarding screening, assessing and treating undernutrition in care homes and home care

Screening is the first step in assessing and treating undernutrition. The following tools are proposed in a care home and home care setting: (1) Mini-Nutritional Assessment (MNA) as the first screening choice; (2) the Malnutrition Universal Screening Tool (MUST) can be second; and (3) Subjective Global Assessment (SGA) is considered as the optimal tool for further nutritional assessment. The choice of the screening tool may depend on national practices and practical considerations of the setting.¹¹ Screening should be performed on admission to the nursing home and on a regular basis thereafter. A structured and multidisciplinary approach towards systematic and individual nutritional assessment is necessary and should include specialized personnel (dietician), the identification of an individual's nutritional needs, the correction of physical, psychological and social factors impeding adequate food intake, as well as the systematic monitoring of food intake, body weight and other relevant parameters. In smaller institutions where it may be too expensive to employ a dietician on a full-time basis, a mobile nutrition support team, working in one or several institutions, could help to organize nutritional support and ensure nutrition according to evidence-based criteria. Medical records and discharge letters should contain information on an individual's nutritional status and physical and mental condition in relation to food intake. Such information should accompany the person in a systematic way between the different settings and be accessible by all health care workers involved.

Nutritional support should be started as soon as possible. The threshold for nutritional interventions with specialized supplemental foods (foods for special medical purposes) could be lowered by reimbursing such foods when indicated in care homes and home care. Moreover, nutritional support, started in hospital, should continue for a sufficiently long period. Finally, nutritional support

should be monitored and efficiently tailored in order to achieve clear goals.

6. Recommendations regarding the role and responsibility of health care workers and caregivers

A multidisciplinary approach is important to successfully tackle undernutrition on multiple levels: the undernourished person, the health care workers (medical and non-medical), the caregivers, the public, policy makers and society stakeholders.

6.1. The general practitioner-family doctor

The general practitioner is a key person with regard to providing information to their patients in care homes or at home, before admission to the hospital and after their discharge. He/she is also the key person who should at all times be aware of the nutritional status of his/her patients. He/she should be able to describe basic aspects of food and nutrition and the relationship between nutrition and health, to identify people at risk of developing nutrition-related diseases, to detect undernutrition through knowledge of the risk factors and diagnosis of the symptoms, and to prescribe appropriate nutritional support strategies.

It is important to implement continuing education programs for general practitioners to make them aware of the continuous attention he/she should have for patients' nutritional status, even when the patient is seeking assistance for a non-related illness. Therefore, nutritional support should be included in under- and postgraduate education for general practitioners. Finally, initiatives to raise family doctors' awareness of undernutrition should be supported.

6.2. Home care and care home nursing staff

The nursing staff can play an essential role in preventing and treating undernutrition, because of their everyday contact with the individual. Of course, an increased awareness is required. Therefore, it would be useful to implement continuing education programs on general nutrition, undernutrition and techniques of nutritional support for all staff involved in the feeding of patients, care home residents and elderly people living at home. Even the non-clinical staff could benefit from nutritional training, such as diagnosing signs of dysphagia, providing help with eating and monitoring of intake, weight and other parameters.

6.3. The dietician

The dietician is at the centre of specialized nutritional care. His/her role and expertise are essential in the treatment of people at risk of or suffering from undernourishment. Although dieticians should have the most up-to-date knowledge on undernutrition, their educational level and responsibility are fairly low in practice. Moreover, it is clear that their role in nutritional management varies dramatically from country to country in Europe. It is therefore essential to establish standards for the education and training of dieticians and improve the current level of education. The role of the dietician should be underlined as the central person in nutritional support and teach responsibilities and skills, adapted to these needs. Their tasks could also include assuring the nutritive quality as well as the variety of meals offered, participating in the elaboration of specific recipes, controlling and adapting the size of the portions as well as texture, according to specific needs and elaborating, in collaboration with the physician, appropriate nutritional measures.

7. Recommendations regarding the organization and management of care homes

Although in most cases food is presented in sufficient quantity and quality, care homes have a high percentage of residents in a state, or at risk, of undernutrition (40–80%).^{12–15} The main cause is the lack of statutory provisions regarding the quality and quantity of meals, monitoring nutritional state, and the lack of structural mechanisms for managing a food policy and staff qualifications. The second cause is – as is the case for hospitals – the lack of training of the staff, resulting in an ignorance of the nutritional needs of older people. Further aspects include lack of time to invest in helping residents, inappropriate organization and atmosphere during meal times, and absence of protocols for nutritional monitoring and support.

In order to tackle undernutrition, the management of care homes should acknowledge their responsibility in relation to screening, nutritional assessment and care of residents. They should also acknowledge the importance of adequate food provisions, both in relation to quantity and quality, and provide for a pleasant eating environment and sufficient staff to help the residents who have problems during meals. Official certification of care homes with good nutritional practice should be provided in order to encourage the initiative. The responsibility of different staff categories with respect to nutritional care and support and food service should be clearly assigned.

Regarding food provision in these settings, evidence-based recommendations for nutritional quality and quantity of food should be applied. Kitchen staff could be trained to increase their knowledge concerning the nutritional composition of the food they prepare, in collaboration with the dietitian. Energy and protein content of foods could be increased with simple tricks and measures. Finally, regular controls and audits as well as feedback from the residents are important to keep standards high.

8. Recommendations regarding home care

The family doctor and home care health care workers play a very important role in screening and treatment of undernutrition. Subsequently, identification and implementation of the most appropriate and feasible methods for screening and nutritional assessment are of major importance. Follow-up could be assured by providing a global medical record of each person, describing their nutritional status and personal history in a standard way and make it available to all caregivers. The best and most effective preventive measure to avoid undernutrition is to enable efficient nutritional support via a normal and balanced diet. Home delivery services of grocery foodstuffs and hot meals could be a solution.¹⁶ Moreover, help during meals could be provided by family members or care help. In cases where, because of underlying illnesses, lack of enjoyment of food or incapacity, nutritional support in the form of sip and tube feeding is indicated, such support, to be effective in spite of financial constraints, should be reimbursed.

9. Recommendation regarding awareness and education of the society

There is nowadays growing attention to promote more awareness of undernutrition in people themselves, in caregivers and in health care institutions. Attention is paid to adequate information, education, guideline implementation and registration. As a baseline, it is important to provide consumer information on healthy and balanced nutrition in a continuous and coherent manner, by using the most appropriate channels to reach the consumer, such as audiovisual media, general practitioners, pharmacies,

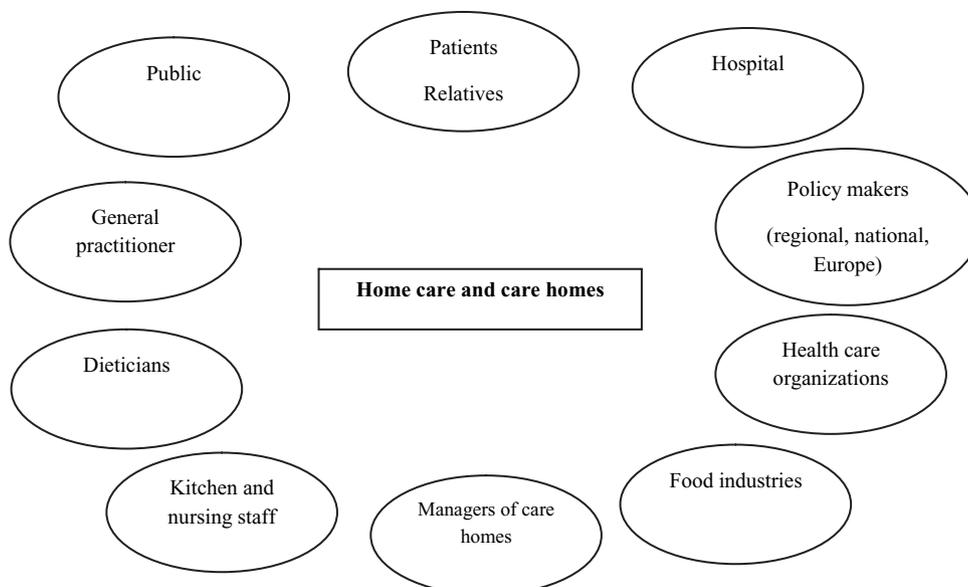


Fig. 2. Network for improving nutrition in home care and care homes.

supermarkets etc. Undernutrition should be addressed with the same attention and means as obesity, and balance messages on the need to eat less to avoid obesity and to eat more to avoid undernutrition.

Creating national multi-stakeholder platforms to address undernutrition and address contributions and commitments could also contribute in increasing public awareness. A major role could be played by patients, senior citizens and health care organizations, as well as health insurance companies. Finally, these actions could bring the issue of undernutrition to the attention of national and European policy makers.

10. Recommendation regarding responsibilities of policy makers

It is clear that undernutrition should be put on the political agenda and targeted policies should be implemented. With regard to the above-mentioned strategies, national and regional health policy makers, as well as all related policy makers, should make sure that the proper legislative frameworks are set in place for the establishment of the necessary working groups and initiatives, so that simple and cost-effective screening methods, treatment plans and monitoring tools can be put in place.

From a larger viewpoint, it would be useful to assign political responsibility for care of older people by creating a dedicated state secretariat. Further strategies include developing policies that tackle social isolation, are in favor of autonomy of older people, and promote intergenerational exchanges.

11. Conclusion

A multidisciplinary approach is important in successfully tackling undernutrition at multiple levels: the patients and residents, the health care workers (medical and non-medical), the public, policy makers and society stakeholders (Fig. 2). Awareness, information and implementation are the key words to confront the problem.

A series of recommendations has been proposed in order to act on different levels. With regard to prevalence and causes,

recommendations include promoting better nutrition, oral hygiene and avoiding social isolation, as well as encouraging family-style meals in care homes. More specifically for older individuals, it is important to preserve autonomy by offering adapted housing and catering services. Concerning the impact of undernutrition on health care costs, recommendations include enabling smooth transitions from hospital to other settings, expanding reimbursement for dietary counseling, supplemental foods and artificial nutrition. Continuous educational programs in clinical nutrition may enhance awareness in health care professionals involved in nutritional care of individuals. More specifically, dieticians should have a central role in this domain. Public health messages concerning undernutrition and its consequences must reach all individuals. Finally, government policies should include assigning political responsibility for elderly people and putting undernutrition on the political agenda. A report including all these recommendation was proposed and finally accepted by the Council of Europe, thus establishing a legal framework for further implementation on a national and international level.

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Conflict of interest

There is no conflict of interest.

Statement of authorship

MA, PC and AV provided data and drafted the manuscript. LD provided data, as well as manuscript revision.

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