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.»

European Society for Clinical Nutrition and Metabolism (ESPEN)

Who is impacted?

Up to 50% of patients hospitalised with COVID-19 are malnourished. Patients in intensive care can experience loss of up to 1kg muscle per day.

1KG MUSCLE PER DAY

Patients in intensive care can experience loss of up to 1kg muscle per day.

At-risk groups for COVID-19 are also at higher risk of malnutrition.

People with obesity.

Older people.

Patients with chronic disease.

Patients with critical illness.

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

1. The impact of COVID-19:

1. Some symptoms affect the patients’ ability to eat normally:
   - Fever, fatigue, metabolic stress
   - Loss of taste & smell
   - Breathing difficulties
   - Lack of appetite
   - Digestive symptoms

2. Systemic inflammation increases nutritional needs and accelerates muscle loss.

2. The context of the pandemic:

- Reduced physical activity, and in some cases immobility due to bedrest
- Impact of lockdown and social distancing measures, including limited support for meals provided by carers or healthcare services

Malnutrition impacts health outcomes and increases healthcare costs

Health Outcomes:
- Compromised immune function and impaired resistance to infections
- Increased complications and delayed recovery
- Poorer prognosis
- Reduced ability to perform daily activities

Healthcare Costs:
- Increased healthcare use and expenditure
- Increased length of hospital stay

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

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Medical nutrition provides nutritional, functional and clinical benefits throughout the continuum of care\textsuperscript{12}

- Better recovery: improved physical function and fewer complications\textsuperscript{1,13}
- Improved quality of life\textsuperscript{11,12}
- Fewer deaths\textsuperscript{13}, including for patients with respiratory infections\textsuperscript{19}
- Fewer hospital admissions and shorter hospital stays\textsuperscript{12,20}

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

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

In the hospital\textsuperscript{1}

- 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.

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 tools\textsuperscript{1}
- 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

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

References

https://medicalnutritionindustry.com/medical-nutrition/medical-nutrition-dossier/

At home/in the community\textsuperscript{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.\textsuperscript{29}
- Patients and carers should be informed about self-monitoring of nutritional risk, and when to contact health care providers.

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