

MALNUTRITION KNOWLEDGE CENTRE

The Dutch Malnutrition Steering Group is the national multidisciplinary knowledge centre for the awareness, prevention, identification and treatment of malnutrition.

Why do we need a knowledge centre for malnutrition?

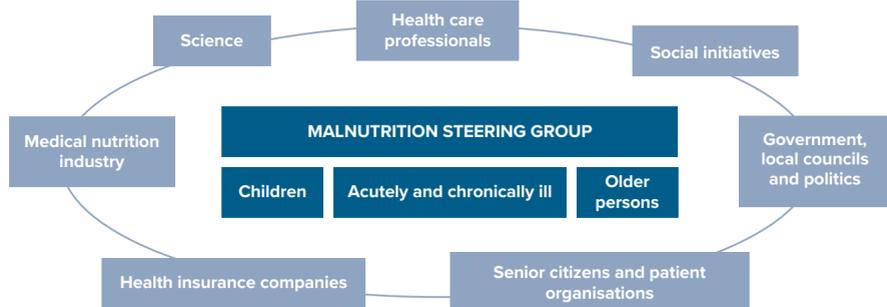
As a result of various initiatives of the Malnutrition Steering Group, the last years have shown a clear decrease in the prevalence of malnutrition in the Netherlands. However, malnutrition is still a major problem and requires constant attention. This applies to both malnutrition in institutions and in the community.

MISSION: to reduce the occurrence and burden of malnutrition in the Netherlands

Our mission is to coordinate the collaboration between stakeholders and to initiate activities to reduce malnutrition, in particular in children, chronically and acutely ill and older persons.

VISION:

The prevention and treatment of malnutrition are an integral part of the intra-, trans- and extramural health care in the Netherlands.



AIM: The Malnutrition Steering Group is committed to reduce the prevalence of malnutrition with 3-5% in the next 5 years within all sectors.

WHAT IS REQUIRED?

To reach our aim, we need collaboration on a structural basis and financing from budget holders is required.

MALNUTRITION IS A MAJOR ISSUE

Not everyone is able to eat and drink well. Malnutrition can be the result of an extended period of insufficient eating and drinking caused, for example, by a loss of appetite or taste, problems with chewing or swallowing, illness, or loneliness. Malnutrition has negative consequences for recovery from illness and for a person's general health status, as shown in the figure below.



What is the prevalence of malnutrition?

Malnutrition occurs at all ages. Recent research by the Malnutrition Steering Group shows that at hospital admission, 15% of patients are screened as 'malnourished'. In children, 19% are screened as malnourished. Among adults, malnutrition is more common in older adults, both in hospitals and at home. One out of ten community-dwelling older persons is malnourished. This percentage rises with increasing age to 15-20% in persons over 75 y. In the group of community-dwelling older adults with home-care, even one-third is malnourished. The National Prevalence Measurement of Quality of Care (the LPZ) recorded that in 2014, 17% of nursing home residents are malnourished. If no action is taken, the number of malnourished community-dwelling older persons is expected to rise in the next few years, since current policies are focussed on living independently at home for as long as possible.

What are the costs of malnutrition?

The total cost of disease-related malnutrition in the Netherlands amounted to nearly € 2 billion in 2011. Recent research by the Malnutrition Steering Group, covering more than half a million hospital patients, documented a 1.4 day longer hospital stay for patients who were malnourished when admitted to hospital.

REFERENCES:

- [SEO-report no. 2014-11a Malnutrition Underestimated](#)
- [Freijer K et al. The economic costs of disease related malnutrition. Clin Nutr 2013; 32: 136-141](#)
- [Kruizenga HM et al. Undernutrition screening survey in 564,063 patients: Patient with a positive undernutrition screening score stay in hospital 1,4 day longer. Am J Clin Nutr. 2016; \(Mar 9\)](#)
- [Schilp J et al. High prevalence of undernutrition in Dutch community-dwelling older individuals. Nutrition 2012; 28: 1151-1156](#)

THE APPROACH OF THE MALNUTRITION STEERING GROUP

Connecting knowledge

The Malnutrition Steering Group brings together the knowledge of relevant partners, in order to coordinate and optimize the care around malnutrition.

Translate knowledge to practice

The Steering Group initiates research and is a partner in (inter)national research. It translates research into practice in order to improve health care. Some examples:

Screening and timely treatment

To identify and treat malnutrition in time, the Steering Group developed an appropriate and valid screening tool for every health care sector. Hospitals screen more than 80% of patients on admission, which is an international record.

Food services in health care institutions

In May 2016, the Malnutrition Steering Group explored the quality of care around eating and drinking in 95% of all Dutch hospitals. The results showed that there are major differences between hospitals and that improvement is certainly

possible and necessary. The inventory has led to the development of a benchmark that hospitals can use to improve their food services.

To secure knowledge

The project of the Steering Group 'Early recognition and treatment of malnutrition' has been implemented in hospitals, care institutions and primary care, and has won (inter)national awards. Securing the achievements of this project into the future requires constant attention. To ensure screening and treatment of malnutrition in the health care process, the Inspectorate for Health Care (IGZ) **Performance Indicator Screening and Treatment of Malnutrition** for adults and children is included in the basic set of quality criteria for hospitals.

Dissemination of knowledge

The Steering Committee educates healthcare professionals by giving presentations, lectures, training courses and workshops. Moreover, knowledge is disseminated through publications in (inter)national scientific and professional journals, and in (social) media.

VISIBILITY AND ACCESSIBILITY TO THE PUBLIC

National knowledge center in the field of malnutrition

All information, guidelines, presentations and tools on the www.stuurgroepondervoeding.nl website (English: www.fightmalnutrition.eu) are freely available to everyone. The website has over 50000 visitors per month. The helpdesk assists healthcare professionals in early recognition and treatment of malnutrition in all health care sectors.

The Malnutrition Steering Group is internationally regarded as a centre of expertise and contributes to European initiatives such as Optimal Nutritional Care for All (ONCA)

The Steering Committee Inspires other countries with 'The Dutch approach to malnutrition' and informs via the website www.fightmalnutrition.eu

CURRENT AND FUTURE PRIORITIES

Over the past decade, the Malnutrition Steering Group achieved a lot in the early recognition and optimal multidisciplinary and transmural treatment of malnourished patients. These changes must be secured and adapted to the evolving health care landscape where people at risk tend to live at home longer?

Until 2016, the Malnutrition Steering Group projects on the early recognition and treatment of malnutrition were focused on healthcare professionals. From 2016 on, the Steering Group is also targeting community-dwelling elderly people and carers as well as the prevention of malnutrition.

Malnutrition among community-dwelling older people is not a stand-alone issue but is often influenced by somatic, functional, psychological and social factors. Prevention and treatment of malnutrition requires a good balance between nutrition, exercise and other factors.

Focus on the community-dwelling older person

Through increased awareness and knowledge of malnutrition among community-dwelling senior citizens and caregivers, timely intervention and prevention of malnutrition becomes more likely. The project 'Well fed Ageing' has been launched.

In Friesland, a province in the North of the Netherlands, the Malnutrition Steering Group is developing a blueprint for bringing together regional initiatives for the prevention of malnutrition and the specific support needs of the vulnerable elderly. Both projects work together with national organizations in the field of elderly care and nutrition, and with the elderly and carers themselves.

[Click here for more information.](#)



TRANSMURAL collaboration

As with all other patients, transfer of information regarding the malnourished patient and cooperation between the various health care sectors are essential. The Malnutrition Steering Group has developed and implemented a toolkit and blueprint for transmural care in Amsterdam. The broader implementation and improvement of transmural transfer and cooperation is an important priority for the coming years.

Education

Dissemination of knowledge on malnutrition to future health professionals is achieved by embedding the topic in the medical curricula including nursing and other relevant programs. Knowledge transfer to health professionals remains a priority.