

Cartas al director Declaración de Praga

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Sr. Director:

Como ya adelantó a nuestros lectores el presidente de la Sociedad Europea de Nutrición Parenteral y Enteral (ESPEN), Dr. Olle Ljungqvist¹, los días 11 y 12 de junio de 2009 se reunieron en Praga los representantes de los ministerios de Salud de la CE para tratar el problema de la desnutrición en Europa. Las conclusiones, en forma de declaración institucional, por su extremo interés, se incluyen a continuación. La traducción de las mismas al castellano está disponible en la versión electrónica de Nutr Hosp www.nutricionhospitalaria.com

Final declaration

Today, representatives of health ministries from the EU's Member States; the Czech Presidency of the EU; medical experts; health care officials; representatives of health insurance groups; ESPEN (the European Society for Clinical Nutrition and Metabolism); and ENHA (the European Nutrition for Health Alliance) reached the unanimous conclusion that malnutrition, including disease-related malnutrition, is an urgent public health and health care problem in Europe. Appropriate actions need to be taken to prevent malnutrition from continuing to compromise the quality of life of patients, to cause unnecessary morbidity and mortality and to undermine the effectiveness of our health care system across Europe. The Czech Presidency of the EU invited leading experts in healthcare and health policy from across Europe to meet in Prague on 11-12 June 2009 to address the urgency of tackling this issue. This initiative follows the adoption of two resolutions by the European Parliament in 2008 urging the European Commission "to take a more holistic approach to nutrition and make malnutrition, alongside obesity, a key priority in the field of health, incorporating it whenever possible into EU-funded research, education and health promotion initiatives and EU-

level partnerships". In addition, the European Parliament called on "Member States, along with regional and local authorities, to use the cooperation mechanism to improve the exchange of best practice" and called on the Commission "to be pro-active in producing guidelines and recommendations based on such good practice".

Despite significant medical advances, inadequate nutrition remains a significant and health policy and research efforts in recent years has been on obesity (or overnutrition), undernutrition—more generally captured under the term "malnutrition"—represents an equally significant health and economic burden on society. According to European prevalence figures on malnutrition, 5-15% of Europeans living in the community, 40% of patients admitted to hospital and 60% of nursing home residents are malnourished or at risk of malnutrition. Like obesity, malnutrition is not only an important health problem in itself; it also seriously compromises the outcomes of other underlying conditions such as cancer or cardiovascular disease. Malnutrition may delay recovery and prolong hospitalisation; lead to increased susceptibility to infection; impede individuals' independence and quality of life; and even increase the risk of death in many patients.

Certain groups, particularly older people, are more vulnerable to malnutrition. As today's older population is, in general, fitter and more active than previous generations, an increasing amount of treatment option (hip and knee replacements, invasive cancer treatments or cardiac surgery) are being made available to older patients. As a result, medical treatment outcomes are often severely compromised because inadequate attention is paid to the risk of ongoing malnutrition and muscle wasting that may negatively impact the effectiveness of treatment in these patients. All too often, older patients—in spite of "successful" treatment of the underlying disease—find themselves unable to go home and have protracted stays in hospital or care homes that can sometimes lead to death. This unfortunate situation can easily be remedied and prevented by instituting across all care settings—for individuals of all ages—through and appropriate nutritional prevention and care. Prevention of the root causes of malnutrition must be dealt with in the community and treatment of malnutrition must become a key component of good

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clinical practice for all conditions. Research has suggested that appropriate interventions for malnutrition not only significantly reduce patient morbidity and increase survival, but also lead to substantial savings by avoiding unnecessary spending on care that does not achieve the desired health outcomes.

Action points

1) Public awareness and education. Effective educational campaigns that convey the message that malnutrition is highly prevalent and is mostly preventable are needed to raise awareness amongst the general public. Campaigns should urge all Europeans to pay closer attention to their own nutrition as well as that of their relatives and their close ones, and to take advantage of the pathways for care available to them. Government agencies, the eu, the media, civil society, patient groups and professional societies must work together to ensure that the right messages are delivered to all Europeans, and in particular to populations at risk of malnutrition.

2) Guideline development and implementation. Concerted efforts must be made across all care settings to ensure that all individuals are offered the best nutrition and nutritional care possible. A European system of nutritional care guidelines must be developed and implemented for prevention and for priority disease areas. These guidelines should be subject to regular audit and review.

3) Mandatory screening. All individuals in community care, hospitals, nursing and all other care homes should be screened for malnutrition. Systematic screening and monitoring of nutritional status should become a mandatory component of quality improvement

and standards of good practice in all these settings in Europe.

4) Research on malnutrition. Further research is urgently needed on malnutrition, its role in European society, public health and healthcare. European funding, in particular Structural Funds, must support such research initiatives.

5) Training in nutritional care. All health and social care professionals, including those involved in primary care (general practitioners and nurses), should as a requirement have nutritional care on their curriculum. This training should become a compulsory component of both their initial and continuing education.

6) National nutritional care plans. Appropriate prevention, care and follow-up malnutrition must be integrated into national nutritional care plans across the EU. These care plans must be endorsed by policymakers, financiers, professional societies, clinical experts, regulatory agencies and patient groups to ensure that the appropriate levers and policies are in place to secure their implementation and funding across all care settings.

7) Swedish and forthcoming EU Presidencies. Malnutrition, its prevention and care, should be considered a key topic for the Swedish EU Presidency and for subsequent Presidencies. Indeed, the issue of "healthy and dignified ageing", one of the five health priorities of the Swedish EU Presidency, provides the ideal context for further discussion and action to address malnutrition.

Referencias

1. Ljungqvist O, De Man F. Under nutrition - a major health problem in Europe. *Nutr Hosp* 2009; 24 (3): 368-370.