

The Value of

ORAL NUTRITIONAL SUPPLEMENTS

Oral nutritional supplements (ONS) provide calories and nutrients to increase nutritional intake and support weight maintenance or weight gain in patients who are malnourished or are at risk of malnutrition and able to eat, but unable to meet their nutritional needs¹



ONS CAN ALLEVIATE THE CLINICAL BURDEN AND IMPROVE THE FUNCTIONAL STATUS OF PATIENTS WHO ARE MALNOURISHED / AT RISK OF MALNUTRITION

IMPROVE FUNCTIONAL STATUS

- In elderly patients, appropriate ONS use can **improve mobility², activities of daily living (ADL)³, muscle strength^{4,5}, and help prevent falls and fractures⁶**
- ONS can **provide nutrients necessary for maintenance of bone structure and bone formation** in patients with osteoporosis⁷ or recent hip/femoral neck fracture⁸

EFFECTIVELY ADDRESS NUTRITIONAL NEEDS AND INCREASE NUTRIENT INTAKES

- **Increase calories** in individuals in hospital⁹, long-term care¹⁰ and community settings⁴
- **Increase protein** in adult¹⁰ and elderly¹¹ individuals across healthcare settings
- **Increase vitamins and minerals¹²**

- ONS providing > 400 kcal/day can **help reduce the high mortality rates** in malnourished elderly people¹¹
- **Reduce complication rates** in older hospitalised patients¹¹
- **Reduce incidence of pressure injury¹³** and help promote wound healing¹⁴

ACHIEVE CLINICAL BENEFITS

ONS CONSUMPTION HAS BEEN SHOWN NOT TO REDUCE FOOD INTAKE^{9,10}



ONS HELP TO IMPROVE QUALITY OF LIFE

in elderly patients who are malnourished / at risk of malnutrition^{15,16}

APPROPRIATE USE OF ONS BRINGS ECONOMIC BENEFITS FOR HEALTHCARE SYSTEMS BY:

- Reduction in hospital costs, including shorter length of stay (LOS)^{17,18}, lower readmission and complications rates^{4,15,19}
- Reduced care requirements in non-hospital settings^{20,21}



The **cost-effectiveness** of ONS has frequently been demonstrated in the **hospital setting**²⁰



ONS are also likely to be **cost-effective** in the **community and residential aged care settings**²¹

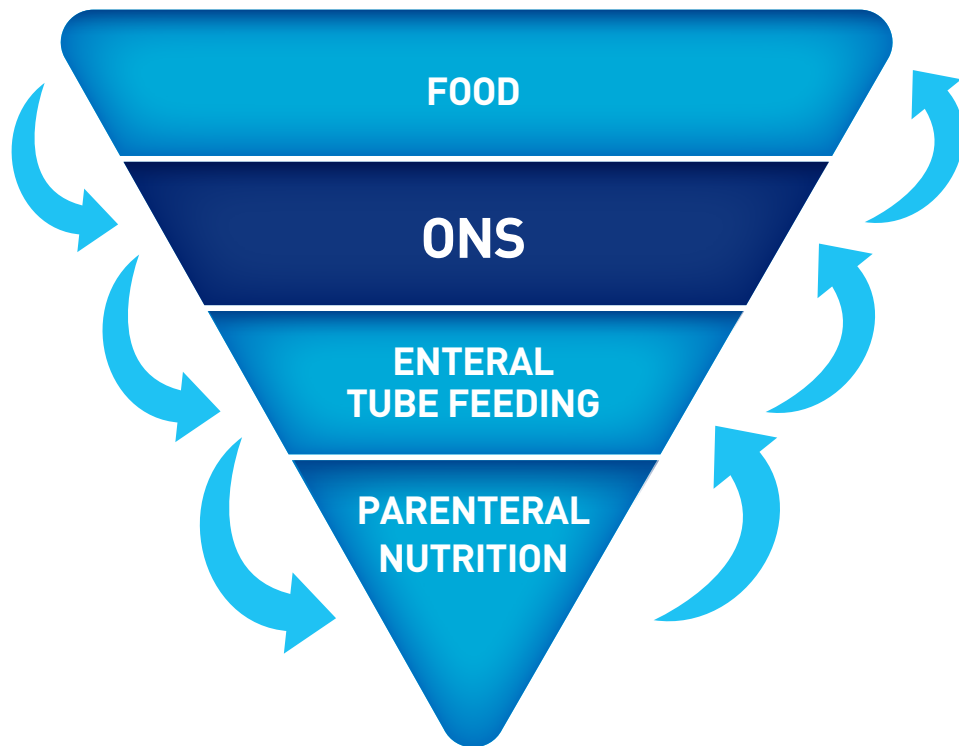


ONS **reduce hospital LOS** by approx. 2 days vs control¹⁷, 30-day **readmissions** (16.1% vs 22.1%) and **rehabilitation LOS** (26.2 vs 29.9 days) vs hospital diet in elderly patients after hip fracture¹⁹



ONS help to **reduce** the incidence of **institutionalisation** of patients in stroke rehabilitation^{9,10}

GUIDELINES SUPPORT ONS AS A KEY INTERVENTION IN THE SPECTRUM OF NUTRITIONAL SUPPORT FOR THE MANAGEMENT OF MALNUTRITION^{22, 23}



THE EUROPEAN SOCIETY FOR CLINICAL NUTRITION AND METABOLISM (ESPEN) GUIDELINES INDICATE KEY PATIENT GROUPS WHO SHOULD RECEIVE ONS:

(Grade A recommendations)²⁴



Patients who are undernourished or at risk of malnutrition:
to increase energy, protein and micronutrient intake, maintain or improve nutritional status, and improve survival



Geriatric patients after hip fracture and orthopaedic surgery:
to reduce complications



Frail elderly:
to improve or maintain nutritional status



Patients at risk of developing pressure injuries:
high protein ONS can help to reduce the incidence of pressure injuries

MALNUTRITION IMPACTS CLINICAL AND PATIENT OUTCOMES

In a large-scale multi-national study it was shown that **malnutrition remained high across all healthcare settings**²⁶:



REHABILITATION

Malnutrition

50.5%

Risk of malnutrition

41.2%



HOSPITALS

Malnutrition

38.7%

Risk of malnutrition

47.3%



NURSING HOMES

Malnutrition

13.8%

Risk of malnutrition

53.4%



COMMUNITY

Malnutrition

5.8%

Risk of malnutrition

31.9%

(Risk of) malnutrition is most common in the **elderly**, affecting as many as **69% in hospitals** and other care settings and **30% in the community**^{26,27}



Risk of malnutrition leads to increased **mortality rates**, compared with well-nourished individuals²⁸



Malnutrition increases **morbidity, including hospital admissions, complications, infections and pressure injuries**^{26,27,28,29}



Malnutrition negatively impacts **functional status** parameters, **activities of daily living**³⁰, **muscle mass and strength**³¹, **frailty**³², **sarcopenia**³³, and **falls and fractures**³⁴



Risk of malnutrition leads to **poor quality of life**²⁵



THE ECONOMIC BURDEN OF MALNUTRITION IS HIGH^{35,36,37}

cost being driven by increased resource use: hospital stays and readmissions, comorbidities (e.g. pressure injuries)^{38,39,40}

resource®

Arginaid®



REFERENCES

1. BAPEN <http://www.bapen.org.uk>, 2016
2. Rabadi MH *et al.* Neurology, 2008
3. Singh NA *et al.* J Am Med Dir Assoc, 2012
4. Cawood AL *et al.* Ageing Res Rev, 2012
5. Chapman IM *et al.* Am J Clin Nutr, 2009
6. Moyer VA *et al.* Ann Intern Med, 2012
7. Hampson G Osteoporosis Int, 2003
8. Flodin L *et al.* Clinical interventions in aging, 2014
9. Rana SK *et al.* Clin Nutr, 1992
10. Turic A *et al.* J Am Diet Assoc, 1998
11. Milne AC *et al.* Cochrane Database Syst Rev, 2009
12. Manders M *et al.* Eur J Clin Nutr, 2009
13. Stratton RJ *et al.* Ageing research reviews, 2005
14. Cereda E *et al.* J Nutr H Ageing, 2017
15. Parsons *et al.* Clin Nutr, 2017
16. Abizanda P *et al.* J Am Med Dir Assoc, 2015
17. Philipson TJ *et al.* The Am J of Managed Care, 2013
18. Elia M *et al.* Clin Nutr, 2016
19. Meehan A *et al.* J of Nursing Care Quality, 2016
20. Elia M *et al.* Clin Nutr (Edinburgh, Scotland), 2016
21. Arnaud-Battandier F *et al.* Clin Nutr, 2004
22. American Medical Directors Association (AMDA), Clinical practice guideline, 2010
23. Cederholm T *et al.* Clin Nutr, 2017
24. Volkert D *et al.* Clin Nutr, 2006
25. Elia M, 2015 <http://www.bapen.org.uk/pdfs/economic-report-full.pdf>
26. Kaiser MJ *et al.* J Am Geriatr Soc, 2010
27. Cereda E *et al.* Clin Nutr, 2016
28. Sorensen J, Clin Nutr, 2008
29. Collins PF *et al.* Proc Nutr Soc, 2010
30. Dehghankar L *et al.* Biotech Health Sci, 2016
31. Pierik VD *et al.* BMC Geriatrics, 2017
32. Dorner TE *et al.* J Nutr H Ageing, 2014
33. Jacobsen EL *et al.* BMJ open, 2016
34. Huo YR *et al.* J Nutr H Ageing, 2015
35. Snider JT *et al.* JPEN, 2014
36. Goates S *et al.* PLoS One, 2016
37. Ljungqvist O *et al.* Clin Nutr, 2010
38. Lim SL *et al.* Clin Nutr, 2012
39. Banks MD *et al.* Clin Nutr, 2010
40. Weiss AJ *et al.* Healthcare Cost and Utilization Project, 2016

RESOURCE® 2.0 is a food for special medical purposes specifically formulated for medical conditions where nutritional needs cannot be met through diet modification alone. Must be used under medical supervision.

ARGINAIID® is a food for special medical purposes specifically formulated with L-Arginine for the nutritional management of wounds. Must be used under medical supervision. Not suitable for use as a sole source of nutrition. Contains Phenylalanine.

Nutritional supplements can only be of assistance where dietary intake is inadequate. Please seek advice on your individual dietary needs from an Accredited Practising Dietitian or your healthcare professional.

SUSTAGEN® Hospital Formula Active is a formulated meal replacement and cannot be used as total diet replacement. Consume as part of a varied and balanced diet and healthy lifestyle.

© Reg. Trademark of Société des Produits Nestlé S.A. Nestlé Healthcare Nutrition, a division of Nestlé Australia Ltd, 8 Nexus Court, Mulgrave VIC 3170, Australia.

For more information call 1800 671 628 or visit www.nestlehealthscience.com.au

Information for healthcare professional use only.

