

## September 2012

# **Facts and Figures**

## **MALNUTRITION**

### Did you know?

- Malnutrition is a major public health problem, not always obvious in our affluent and increasingly overweight society.
- Whilst malnutrition affects people of all ages, it is significantly more common in older adults 1 in 3 older people living independently are at risk of malnutrition<sup>1</sup>
- Even when identified, malnutrition is often not treated.
- Reduced food intake is a major cause of malnutrition. Food intake declines because of the effects
  of disease and its treatment, for example poor appetite, swallowing problems and the side
  effects of drugs.<sup>2</sup>
- More than 50% of hospital patients don't eat the full meal they are given and 30% of nursing home residents eat less than half their lunch, often failing to meet their nutritional needs.<sup>3,4</sup>
- Malnourished patients experience more complications and more frequent, longer stays in hospital than their well-nourished counterparts.
- Malnutrition has been shown to impair function, mobility and independence, especially in older patients.
- Malnutrition is associated with higher mortality rates and higher infection rates.

## **The Figures**

- An estimated 20 million people in the EU are at risk of malnutrition, and 33 million across all of Europe.<sup>5,6</sup>
- About 1 in 4 people in hospital are at risk of malnutrition, or are already malnourished.
- More than 1 in 3 patients in care homes are malnourished or at risk of malnutrition. 1,11,14-15
- As many as 1 in 3 older people living independently are at risk.<sup>1</sup>
- Malnutrition affects all age groups, for example 1 in 5 hospitalised children in the Netherlands are malnourished. 16
- Up to 50% of malnourished people receive no nutritional intervention. <sup>17,18</sup>
- In the EU the consequences of malnutrition are estimated to cost €120 billion per year, €170 billion across Europe. <sup>5,6</sup>
- The economic cost of malnutrition is estimated to be double the economic cost of obesity.



## **ORAL NUTRITIONAL SUPPLEMENTS (ONS)**

#### Did you know?

- ONS are an effective and non-invasive solution to tackling malnutrition
- Both Cochrane<sup>20-22</sup> and NICE<sup>23</sup> cite ONS as having significant clinical benefits for malnourished patients, when compared to standard care.
- ONS are proven to increase energy and protein intake in hospitalised patients and in nursing home settings without decreasing food intake.
- ONS use is consistently linked to lowering mortality and complication rates for malnourished patients, when compared to standard care.
- Malnourished patients have fewer readmissions to hospital when given ONS.
- Community patients given ONS have fewer healthcare visits at home, and fewer and shorter hospital admissions.<sup>24</sup>
- The cost of prescribing ONS in the community may be offset by preventing future hospital admissions and, when a high protein ONS is used, can lead to a reduction of overall hospital readmissions by 30%.

## The Figures

- Use of ONS in UK hospitals saves on average €1,000 per patient based on the length of stay costs (surgical, older and stroke patients). <sup>26</sup>
- The use of appropriate interventions, such as high-protein ONS, can reduce the average length of hospital stay by 30% in malnourished patients<sup>26</sup>
- Use of ONS reduces mortality by up to 24% compared to standard care, particularly in undernourished older people.<sup>2</sup>
- Use of ONS has been shown to produce a reduction in complication rates of 25 50% vs. routine care in a wide variety of patient groups.<sup>2, 23</sup>

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