



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

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Object: 73rd Session of the WHO Regional Committee for Europe. Joint statement referring to EUR/RC73/11, Provisional agenda item 10. (Progress Report: Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region).

Safe and Appropriate Nutritional Care for Every European Citizen via a robust Primary Care system!

While strong partnerships within health sector, government and wider society are encouraged to promote health equity, optimal nutritional care is often forgotten. This is increasingly unacceptable, since nutritional care is well-recognized to prevent diseases and lower clinical burdens. Nutritional care should be also an essential component of care in hospitals, outpatient settings, and in older adults, to prevent or treat disease- and aging-related impairment of nutritional state (disease-related malnutrition: DRM), thereby improving clinical outcomes and health-related quality of life. These proven benefits of nutritional care have additional potential to reduce length of hospital stays and healthcare costs, allowing better resources allocation. The importance of optimal nutritional care is even higher with increasing food and nutrition insecurity associated with worsening diet quality, representing growing threats in Europe that enhance risk of malnutrition in all individuals, aggravating socioeconomic burdens and health inequalities.

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However, current strategies are not succeeding in reducing hurdles to nutritional care implementation, reducing food and nutrition insecurity, and guaranteeing acceptable diet quality. Access to nutritional care remains inadequate for patients with DRM, or citizens with inability to adequately feed themselves.

In this context, Primary care could play a major role to manage nutritional care in outpatients and communities at large, with early identification of malnutrition risk and food-nutrition insecurity, followed by direct intervention or appropriate referral. This could provide substantial healthcare benefits and reduce inequalities, but Primary healthcare professionals remain not empowered to effectively contribute to nutritional care. Firstly, Primary care physicians and nurses often lack adequate nutrition education from University curricula. They also lack time to act, due to increasing numbers of complex patients with polymorbidity and disabilities from non-communicable diseases in an increasingly older population, referring to Primary care also after recurring hospitalizations. Aging and chronic diseases notably strongly contribute to malnutrition, with higher need for early malnutrition screening and diagnosis, making improvement of Primary care workforce education and structural policy changes for intervention urgent priorities.

Beside being empowered to identify malnutrition, and contribute to early effective individual care through direct intervention or appropriate referral pathways, Primary healthcare professionals should be granted opportunities to partner with diverse stakeholders, social assistance providers, authorities and nongovernmental organizations. Primary care multidisciplinary teams with adequate nutrition competence should be established, but are currently missing in many healthcare systems. Dietitians are inherently qualified to provide person-centred nutritional care, and could contribute to knowledge-sharing with other healthcare workers. As part of the nutritional care process, they are vigilant to food security and diet quality, adjusting advice towards adequate dietary intakes across the lifespan.

Considering the above, we call upon WHO Europe and its member states and stakeholders to promote inclusion of nutritional care programmes and prevention and control of food and nutrition insecurity into integrated Primary care paths, through the following actions:

- Emphasize the importance of nutritional care as a component of interventions to prevent disease and address malnutrition in acute and chronic health

conditions, including nutrition education and based on respect of human rights to food, nutrition and health;

- Create awareness on existence and severity of food and nutrition insecurity as a driver of malnutrition, inequality and socioeconomic burden;
- Convene other stakeholders to advocate that every European citizen has access to nutritional care in the Primary care setting by:
 - allocating resources to empower Primary care physicians with nutritional care skills, and to create multidisciplinary Primary care teams with strategic roles for dietitian-nutritionists;
 - building nutrition referral systems between other healthcare settings, including hospitals, and Primary care to ensure nutritional care continuity and optimization.



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This joint statement is co-signed by:

EFPC – European Forum for Primary Care

