NUTRICIA
LIFE-TRANSFORMING NUTRITION

MEDIA FACT SHEET

26 May 2020

Medical nutrition and COVID-19 patient recovery

Medical nutrition can positively contribute to clinical outcomes and quality of life for patients with a variety of conditions and diseases. Nevertheless, medical nutrition is not always a recognized and integral part of patient care and recovery – indeed, today only 1 out of 3 patients receive the nutritional care that they need[1].

In particular, nutritional care after discharge from hospital is often neglected. Certainly, in the case of a new disease such as COVID-19 there is little practical clinical guidance available for nutritional care during recovery from COVID-19.

People who become severely ill with COVID-19 often require intensive care for periods extending up to 2 weeks, much longer than an average stay in Intensive Care Unit (ICU)[2]. When patients are in intensive care, ventilated and sedated for a long period of time, they can experience a severe loss of muscle mass, losing up to 1 kilogram of muscle a day[3]. Muscle wasting is the most common complication of any critical illness, occurring in up to 50% of patients[4], leaving them severely weakened when they are finally discharged from intensive care.

In fact, discharge from the intensive care unit is only the start of COVID-19 patient recovery. Based on data from other patient groups in ICUs who require intubation, it is a known fact that oral nutrition intake can be impaired and therefore inadequate after extubation. As a result people might not be able to eat enough food to meet their nutritional needs during recovery, contributing to further loss of lean muscle. Implementing nutritional care as part of recovery programs is considered an essential and effective clinical strategy to positively impact functional outcomes and quality of life[5]. Medical nutrition alongside physical exercise can positively influence recovery times as well as people's ability to resume activities of daily living like cooking, doing groceries and going for a walk again. It is therefore critical to have recovery programs that include nutritional screening and medical nutrition as an integral part of COVID-19 patient recovery care.

What is medical nutrition?
Medical nutrition are products specifically designed to meet the nutritional needs of patients who are unable to eat sufficiently to meet their nutritional requirements due to disease or its treatment. It is most often available only upon prescription by a health care professional and must be used under medical supervision.

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[1] Ljungqvist O, Man Fd. Under nutrition: a major health problem in Europe. *Nutr Hosp*. 2009;24(3):369-370.
[2] Stam HK, Stucki G, Bickenbach J, et al. COVID-19 and post intensive care syndrome: a call for action. J. Rehabil Med. 2020;52(4).
[3] Puthucheary ZA, Rawal J, McPhail M, et al. Acute skeletal muscle wasting in critical illness. JAMA. 2013; 310:1591-1600.
[4] Puthucheary ZA. An update on muscle wasting in ICU. SIGNA VITAE. 2017;13(3): 30-31.
[5] Zanten van ARH, Waele de E, Wischmeyer PE. Nutrition therapy and critical illness: practical guidance for the ICU, post-ICU, and long-term convalescence phases. Critical Care. 2019; 23:368.

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Medical nutrition products are evidence-based. Their use is based on clinical evidence demonstrating their safety and efficacy in patients. Medical nutrition has been demonstrated to improve clinical outcomes, positively impacting patients' quality of life while helping to reduce healthcare costs.

Who uses medical nutrition?

Medical nutrition is intended for patients whose nutritional requirements cannot be met through normal foods due to their disease or medical condition. Medical nutrition can be delivered either orally (oral nutritional supplements) or via tube (nasal or gastro/jejunostomy) and is prescribed when, for example:

1. a patient is malnourished due to a disease or condition (e.g. cancer, stroke, hip fracture, COVID-19)
2. when a patient cannot eat or swallow independently due to disability or disease
3. patients cannot metabolize a nutrient due to an inherited metabolic disorder or cannot tolerate a nutrient due to allergic disease

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ABOUT NUTRICIA

Since 1896, Nutricia has pioneered nutritional solutions that help people live longer, more joyful and healthier lives. Building on more than a century of research and innovation, Nutricia has harnessed the power of life-changing and life-saving nutrition to create a leading specialized nutrition portfolio that can change a health trajectory for life. With its nutritional solutions, Nutricia supports healthy growth and development during the first 1000 days and helps to address some of the world's biggest health challenges; pre-term birth, faltering growth, food allergy, rare metabolic diseases, age-related conditions and chronic disease, such as frailty, cancer, stroke and early Alzheimer's disease. As part of Danone, Nutricia embraces the company's "One Planet. One Health" frame of action reflecting that the health of people and the health of the planet are interconnected. Danone's ambition to become the first listed company to adopt the 'Entreprise à Mission' model created by French law in 2019 is a natural step in the company's 50-year journey of nourishing its dual economic and social project. This will embed the 'Entreprise à Mission' legal framework within its articles of association, and apply a new governance arrangement to oversee the progress of its environmental, social and societal goals, subject to shareholders' approval at next Annual General Meeting to be held on June 26, 2020.

For more information visit www.nutricia.com

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