

LIVE NUTRICIA SATELLITE SYMPOSIUM 2021

CONNECTING EXPERIENCE AND EVIDENCE: TARGETED NUTRITION THERAPY FOR PATIENTS AT EVERY STEP TOWARDS RECOVERY

SYMPOSIUM BOOKLET



*In order to get 1 CPD point the attendees should be present for >80% of the symposium.

CONTENTS

▶ Chair's introduction

▶ Agenda

▶ Speaker biography: *Peter Gibb*

Patients' reflection on nutrition during recovery

▶ Speaker biography: *Dr. Zudin Puthucheary*

Who or what is our target?

▶ Speaker biography: *Dr. Lee-Anne Chapple*

Keeping nutrition going

▶ Speaker biography: *Prof. Andrea Maier*

Stepping forward with patients

▶ Speaker biography: *Dr. Anne Holdoway*

Everyone's responsibility- no one's responsibility?

Watch patients' stories 

CHAIR'S INTRODUCTION



Dear colleagues,

I am pleased to welcome you to the Nutricia-sponsored, CPD accredited symposium entitled **“Connecting experience and evidence: Targeted Nutrition Therapy for Patients at every Step Towards Recovery”** at this year’s ESPEN congress.

This diverse speakers’ group will give us the opportunity to hear different points of view, regarding different health issues, across the patient journey such as:

- How to address long term consequences after critical illness
- Who or what our treatments target?
- At which time points are differing interventions most appropriate?
- What is the role of (targeted/adequate/appropriate) nutrition?

Peter, the CEO of ICUsteps, patient representative, will speak on behalf of other patients as well as share his personal experience of his journey from ICU through recovery: the road was almost as bumpy as the mountain road, where his bike accident happened. The patient voice must remain, as ever, central to healthcare delivery and research.

I will share the latest evidence and tools on managing post intensive care syndrome focusing on patient personal goals, and the role of muscle wasting after critical illness

Lee-Anne will discuss the evidence regarding the role of nutrition in improving recovery for ICU survivors. She will cover data regarding the amount of nutrition our patients currently receive throughout the hospital stay and will provide details of common barriers that exist that impede nutrition delivery

Andrea is a gerontologist who doesn't agree that aging people should become less active. **“Stepping forward”** is what she promotes and in her talk she will address the key importance of nutrition therapy connected with physical exercise program during the recovery after disease.

Anne will explore the barriers to integrating nutritional care across the patient journey whilst also focusing attention on overcoming the barriers, and potential solutions, and why and who we might seek to influence, and work with, to improve the provision of nutritional care.

I hope you will find our symposium informative and interesting!

I look forward to receiving your questions at the Q&A session at the end of the symposium.

Dr. Zudin Puthucheary

Senior Lecturer in Critical Care, Barts and the London Medical school & Honorary Consultant in Intensive Care at the Royal London Hospital, UK

AGENDA

Time	Topic	Speaker
17:00 - 17:05	Welcome by Chair Dr. Zudin Puthuchery	
17:05 - 17:15	Patients' reflection on nutrition during recovery	Peter Gibb, <i>ICUsteps, (Intensive care patient support charity) co-founder, UK</i>
17:15 - 17:30	Who or what is our target?	Dr. Zudin Puthuchery, <i>Senior Lecturer in Critical Care, Barts and the London Medical school & Honorary Consultant in Intensive Care at the Royal London Hospital, UK</i>
17:30 - 17:40	Keeping nutrition going	Dr. Lee-Anne Chapple, <i>NHMRC Early Career Fellow, University of Adelaide. Senior Critical Care Dietitian, Royal Adelaide Hospital, AU</i>
17:40 - 17:55	Stepping forward with patients	Prof. Andrea Maier, <i>Gerontologist, Geriatrician and Health Policy Planning Authority, Vrije Universiteit Amsterdam, NL & National University of Singapore, SG</i>
17:55 - 18:05	Everyone's responsibility- no one's responsibility?	Dr. Anne Holdoway, <i>Consultant Dietitian, British Association for Parenteral and Enteral Nutrition (BAPEN) Educational Officer, UK</i>
18:05- 18:30	Panel discussion and Q&A	



PETER GIBB

Chief Executive ICUsteps (Intensive care patient support charity) co-founder, UK

Since surviving a critical illness in 2003, Peter has been an active advocate of support for patients and relatives following critical illness. He is Chief Executive of ICUsteps, the patient support charity he helped found.

He has served as a patient representative on two NICE clinical guidelines (CG50 and CG83), on the NHS England Clinical Reference Group for Adult Critical Care and currently represents ICUsteps on the Critical Care Leadership Forum.

Peter co-authored an article on 'The development and setting-up of a patients and relatives intensive care support group', published in January 2009's edition of 'Nursing in Critical Care'. He led the project to produce a patient and relative intensive care guide which has become a benchmark for patient and relative information, now used by most ICUs around the UK, translated into 19 languages and adapted for use in over a dozen countries around the world.

Since starting ICUsteps, Peter has presented at over 60 events across the UK, Europe, Canada and the United States on the patient perspective of critical illness and the need for support both through and following intensive care, and in 2017 was presented with the Queen's Award for Voluntary Service.

Patients' reflection on nutrition during recovery

In this talk, Peter highlights some of the issues faced by critically ill patients through their treatment and recovery, and the complications that can make it difficult for nutrition to receive the focus it deserves in the plans for patient recovery.

The legacy of physical, psychological and cognitive problems that can result from critical illness make recovery a long and difficult journey over many months and through the hands of many care providers. What can we do to ensure that nutrition isn't lost among the many competing issues that patients face in recovery?

With insights from the patient experience of nutritional support in recovering from critical illness, this talk explores some key elements to better engagement with patients around nutritional support and advice to help make patient recovery a little less daunting.



DR. ZUDIN PUTHUCHEARY

Senior Lecturer in Critical Care, Barts and the London Medical school & Honorary Consultant in Intensive Care at the Royal London Hospital, UK

Chair of the symposium

Dr Zudin Puthucheary is a Clinical Senior Lecturer in Intensive Care Medicine at the William Harvey Institute, Queen Mary, University of London, and an Honorary Consultant at the Royal London Hospital Adult Intensive Care Unit and chairs the Intensive Care Society's National Rehabilitation Collaborative. He graduated from Nottingham University in 1997, and moved to London post MRCP in 2000. Following a 3-year stint in Sydney, he started his Respiratory training in Bristol, before completing his critical care training in London. His research focusses on acquired functional disability, and the use of nutritional and exercise interventions to prevent and treat muscle loss.

His work on acute muscle wasting has won awards from the European Society of Intensive Care Medicine, European Society of Anesthesia, the British Thoracic Society, the Intensive Care Society, The American Society of Enteral and Parenteral Nutrition and Zudin was named a Global Rising Star by the Australia and New Zealand Intensive Care Society.

Who or what is our target?

Our role as clinicians caring for critical illness survivors is not merely to ensure that they are healthy (in physical, mental and social domains) but to offer a more nuanced approach, maximizing their wellness. Wellness requires us to help realize the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and fulfillments of role expectations in the family, community and workplace.

Caring for the critical illness survivor at this level is challenging, as they suffer from deficiencies in multiple domains. Acute muscle wasting occurs rapidly at rates of 2-3% per day. Cognitive impairment is common, and at 12 months, many younger patients have persistent mild cognitive impairment akin to traumatic brain injury survivors. Malnutrition, dysphagia and psychological diagnoses are very common.

What is often not discussed is the social circumstances of our patients. Living alone is increasingly common, as is lack of social support infrastructure. This makes it difficult for our patient to return to their previous lives, and employment. Indeed many critical illness survivors struggle to return to work, which is exacerbated by the presence of pre-existing chronic illnesses. Social circumstances and personal finances also dominate the ability to ensure adequate nutrition (especially protein) and exercise, the two fundamental requirements for an increase in muscle mass and an improvement of function- the basis of rehabilitation.

Post-Intensive Care Syndrome has traditionally not been screened for, with clinicians attempting to diagnose with specialty specific tools, which may miss the multi-facet deficits. The Post-Intensive Care Unit Presentation Screen (PICUPS) is a validated screening tool to diagnose post-intensive care syndrome, linking in with profession specific assessment tools. It has been tested in both COVID and non COVID survivors and may facilitate the delivery of high level care for our patients.



DR. LEE-ANNE CHAPPLE

NHMRC Early Career Fellow, University of Adelaide. Senior Critical Care Dietitian, Royal Adelaide Hospital, AU

Dr Lee-anne Chapple gained experience working as a clinical dietitian, clinical educator, and research dietitian across Australia prior to completing her PhD in 2017 through the University of Adelaide on nutrition support and muscle wasting in critically ill, head injured patients. She currently holds a competitive Australian government Early Career Fellowship based within the Intensive Care Research Unit at the Royal Adelaide Hospital where she leads the nutrition research program. Her research interests include protein metabolism, gastric emptying, appetite regulation, and using technology to improve nutrition delivery in order to reduce muscle wasting and improve functional recovery for survivors of critical illness.

Keeping nutrition going

Critically ill patients experience substantial muscle loss along with poor recovery and reduced quality of life that persist well beyond the hospital admission. Nutrition is thought to be key to improving recovery, but what do we currently know about this area?

In this presentation, the evidence regarding the role of nutrition in improving recovery for ICU survivors will be discussed. In addition, this presentation will provide an understanding of the amount of nutrition our patients currently receive throughout the hospital stay and will provide details of common barriers that exist that impede nutrition delivery.



PROF. ANDREA MAIER

*Gerontologist, Geriatrician and Health Policy Planning
Authority
Vrije Universiteit Amsterdam, NL & National University of
Singapore, SG*

Professor Maier, a Fellow of the Royal Australasian College of Physicians (FRACP), graduated in Medicine (MD) 2003 from the University of Lübeck (Germany), was registered 2009 in The Netherlands as Specialist in Internal Medicine-Geriatrics and was appointed Full Professor of Gerontology at Vrije Universiteit Amsterdam (The Netherlands) in 2013. From 2016 to early 2021 Professor Maier has served as Divisional Director of Medicine and Community Care at the Royal Melbourne Hospital, Australia, and as Professor of Medicine and Aged Care at the University of Melbourne, Australia. She continues her career at the National University of Singapore as Co-Director of the Centre for Healthy Longevity. Professor Maier's research focuses on unraveling the mechanisms of ageing and age-related diseases. During the last 10 years she has conducted multiple international observational and clinical trial studies and has published some 300 peer-reviewed articles (more than 10,000 citations), achieving an H index of 53, spearheading the significant contributions of her highly acclaimed innovative, global, multidisciplinary @Age research group. She is a frequent guest on radio and television programs to disseminate aging research and an invited member of several international academic and health policy committees. She currently is the President of The Australian and New Zealand Society for Sarcopenia and Frailty Research.

Stepping forward with patients

Sarcopenia, malnutrition and frailty are highly prevalent and interrelated in older hospitalized adults. During hospital admissions these conditions are often not addressed and tend to get worse during the trajectory of admission and after discharge, which can lead to a deterioration of physical function and a higher level of dependence and mortality.

Sedentary behavior is common in older hospitalized adults due to the diseases leading to hospitalization, but also due to a lack of physical activity promotion and the hospital environment. The Pajama Paralysis movement stimulates physical activity and activities of daily living (such as dining together to stimulate oral intake), but implementation tends to be challenging. Evidence of focused interventions, e.g. nutritional supplementation to counteract sarcopenia, is promising, but still limited.

A multidisciplinary, translational approach is warranted to enable hospitalized patients to recover from acute disease.



DR. ANNE HOLDOWAY

Consultant Dietitian, British Association for Parenteral and Enteral Nutrition (BAPEN) Educational Officer, UK

Anne Holdoway is Consultant Dietitian, British Association for Parenteral and Enteral Nutrition (BAPEN) Education Officer and Chair of British Dietetic Association (BDA) COVID-19 Clinical Guidance Group (CGG), UK. Anne has specialised in nutrition support, gastroenterology and nutrition in chronic disease and recently completed a Doctorate on nutrition in palliative care. With the aim of influencing standards of nutritional care across the UK, Anne has utilised her experience to support national organisations including BAPEN, the BDA and the National Institute of Health and Care Excellence. Anne has been Chair of the BAPEN panel for managing adult malnutrition in the community since its inception in 2011. During the COVID-19 pandemic she was Chair of BDA COVID-19 CGG facilitating the development of resources to optimise nutritional care across the patient pathway, and was appointed Clinical Lead for Enteral Nutrition for the UK Department of Health.

Everyone's responsibility - no one's responsibility?

Nutrition takes many guises from the diets we choose to eat for pleasure, to the dietary choices we make to support our health, assist recovery or manage diet-related disease.

In modern healthcare, the recovery of patients and return to optimum function and well-being to support everyday living, continues to be hampered by poor nutritional care with breakpoints in care arising as patients transition from one setting to another, including the return to home. Evidence repeatedly demonstrates the deterioration in nutritional status and physical deconditioning that arises during a hospital stay. In addition, with many admitted to hospital in a poor state of nutrition, it is evident that malnutrition continues to develop insidiously in the community, potentially unnoticed by those caring for the individuals affected.

With malnutrition, sarcopenia and frailty prevalent in many conditions including cancer, renal or liver disease, respiratory diseases such as COPD, gastrointestinal conditions including inflammatory bowel disease, and neurological conditions such as MND, strategies to drive greater integration of nutrition as an essential component of care is a necessity if we wish to deliver holistic care, patient-centred outcomes, improve the patient experience and manage health and social care costs.

National and international campaigns and local actions to tackle malnutrition have been undertaken for many years and yet individuals continue to share and speak of their experiences regarding the lack of access to good quality information and acknowledgement that nutrition matters. In this session Anne will explore the barriers to integrating nutritional care across the patient journey whilst also focusing attention on overcoming the barriers, potential solutions, examples of what has worked and why and who we might seek to influence, and work with, to improve the provision of nutritional care that is tailored to the individuals we care for.



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