



BAPEN

Advancing Clinical Nutrition

British Association for Parenteral and Enteral Nutrition

A multi-professional association and registered charity established in 1992. Its membership is drawn from doctors, dietitians, nutritionists, nurses, patients, pharmacists, and from the health policy, industry, public health and research sectors.

Principal Functions

Enhance understanding and management of malnutrition.

Establish a clinical governance framework to underpin the nutritional management of all patients.

Enhance knowledge and skills in clinical nutrition through education and training.

Communicate the benefits of clinical and cost-effective optimal nutritional care to all healthcare professionals, policy makers and the public.

Fund a multi-professional research programme to enhance understanding of malnutrition and its treatment.

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in Touch

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BAPEN 2007 - Highlights Report Annual Meeting - Brighton Metropole Hotel 1st and 2nd November 2006

In your own words ...

"Overall a very good Conference An excellent meeting Practical information that has inspired me to instigate work in my Trust ...Excellent talksVery informative and well-presentedWell organised Trade Exhibition ... Thank you!"



The Mayor of Brighton & Hove, David Smith, with BAPEN Officers and guests at the VIP Reception, prior to the start of the BAPEN Conference 2006. Our VIP guests Denise D'Souza - Director of Community Care, Brighton & Hove City Council, Peter Coles - Chief Executive, Brighton & Sussex Hospitals NHS Trust and Celia Barlow MP attended the opening session of the Conference.

Setting the conference scene

After a lively welcome to Brighton for all delegates by The Mayor of Brighton and Hove, Mr David Smith, the Chairman of BAPEN, Professor Marinos Elia, formally opened the Conference and introduced fellow BAPEN Officer Dr Simon Gabe to present the highlights of 2006.

2006 has been a particularly busy year in the field of nutrition, the topic being continuously in the public eye. The on-going rise in obesity both in adults and children, with the UK having the worst obesity rates in Europe, and the resultant cost of obesity - financially, socially and individually - together with evidence of increasing inequality have all made the news. The changes in school meals and call for greater education in nutrition in schools - continued outcomes of the 'Jamie Oliver effect' - delivered massive press coverage with articles on 'Lessons in eating fruit and veg' and 'Living for clothes, dying for fashion'.

Not just obesity

The focus of the coverage over the year has largely been on obesity with malnutrition and under-nutrition achieving the occasional 'look in', despite the fact that malnutrition costs the country far more than obesity and has just as far reaching consequences.

2006 saw the publication of Age Concern's Report 'Hungry to be Heard' which highlighted that as many as 60% of older people are at risk of malnutrition in the UK. One of the key means of tackling this is the use of a malnutrition screening tool, such as the 'MUST', the tool developed and promoted by BAPEN.

Council Clips from the Annual Conference 2006

As is the custom, the Council meeting immediately preceding the Annual Conference in Brighton was relatively brief (lasting only 2 hours, compared with the usual 6...!) and the mood upbeat, in anticipation of the following 2 days, with the promise of an excellent programme in store.

Professor Marinos Elia began his Chairman's report by reviewing the activities of the organisation over the preceding year. This has been a busy time, with the development of a large number of links with external organisations including NPSA, NICE, Dept. of Health, Council of Europe Alliance. BAPEN has also been instrumental in the production of three influential reports; Health Economics Report on Malnutrition in UK, European Nutrition Health Alliance Report and the most recent BANS Report.

In addition, a number of new initiatives are in varying stages of development, including:

1. NICE/BAPEN shared learned experience. It is planned that BAPEN, in collaboration with NICE, should encourage examples of good clinical practice re-implementation of the nutrition support guidelines to be submitted for the BAPEN 2007 conference. Abstracts will also be sent to NICE and may be uploaded onto the NICE website.
2. Educational Activities within BAPEN. This is a huge task with many initiatives currently, including the development of an abbreviated Wychwood Park course for nutrition support teams (under the leadership of Dr Ian Fellows and the Education and Training Committee) and some ambitious plans for a programme of national meetings and courses with a view to facilitation of implementation of nutritional screening and other NICE guidelines.

Marinos ended his report by paying tribute to two Council members, who were officially standing down from office.

Pat Howard has been associated with BAPEN for around 14 years and was recently honoured for her services to ESPEN at the conference in Istanbul. She has served on many BAPEN committees and as Hon. Sec. during her period of very distinguished service. The Council members officially recorded her enormous contribution to BAPEN.

Lynne Colagiovanni has been associated with BAPEN for 11 years and she was also officially thanked for her appreciable contribution to BAPEN, most recently as Chair of Programmes Committee, as well as Chair of NNNG.



Penny Neild, Honorary Secretary.

Christine Russell reviewed the accounts of the organisation in her Treasurer's report. 2006 has been a very uncertain year financially, with the mutually agreed cessation of guaranteed income from industry. However, Christine was able to present a remarkably encouraging account, with BAPEN in a modest projected positive year-end balance, excluding conference expenses and income. This was due to three important factors; welcome continued support from our industry partners, albeit on a different footing, prudent spending by the standing committees (for which they were congratulated), resulting in a 15% reduction in expenditure compared with 2005, and excellent sales of publications, particularly the 'MUST', resulting in an income of £40,000 throughout the year. As well as her hard work in sorting out the general accounts, Christine has also been grappling with other knotty problems such as VAT liability, and you may notice that most fees now, e.g. membership, conference registration etc will include VAT. The Council formally thanked her for her endeavours over the previous 12 months.

Another thorny problem for the organisation has been the issue of patient confidentiality in the context of the BANS report. Dr Barry Jones (Chairman of BANS) and his committee has worked hard to update our information gathering processes re-use of HPN and HEN nationally and the BANS database in order to comply with the regulations re-use of patient information under section 60 of the Health and Social Care Act 2001. The Patient Information Advisory Group (PIAG) has formally granted BAPEN permission to continue gathering such information from its reporters for the next year. However, it is likely that in the future, we will need to seek consent from all patients where possible, or the type of information collected will be modified. Barry will keep reporters posted with any new developments and was also thanked by the Council for his efforts.

During the meeting, election of Council members was undertaken and the 2006-7 Council composition is listed below:

Members of BAPEN Council 2006/7

Officers

Chairman	Marinos Elia
Honorary Secretary	Penny Neild
Honorary Treasurer	Christine Russell
Honorary Senior Officer	Carolyn Wheatley
Honorary Senior Officer	Simon Gabe

Liaison Officers

ESPEN	Jon Schaffer
Hospital Food	Rick Wilson
Intensive Care Society	Richard Griffiths
NICE/BSG	Mike Stroud
Nutrition Society	Gary Frost
Scotland	Alistair McKinlay
HPN	Barry Jones

Chairs of Standing Committees

BANS	Barry Jones
Communications	Vera Todorovic
Education and Training	Ian Fellows
LITRE	Justine Bayes
MAG	Alistair McKinlay
PAG	vacant
Programmes	Mike Stroud
Regional Reps	Jeremy Nightingale
Research and Science	Agostino Pierro

Founder Group Reps

BAPEN Medical	Jeremy Powell-Tuck (Chair)
BPNG	Rebecca White
BPNG	Jackie Eastwood
NNNG	Andrea Cartwright (Chair)
NNNG	tb
PENG	Pete Turner (Chair)
PENG	Vera Todorovic
PINNT	Carolyn Wheatley
PINNT	Justine Bayes

BAPEN 2007 - Highlights Report (continued)

Regulation, Reports & Research

NICE issued its guidance on Nutrition Support in Adults, which now has to be implemented. Linked to this, BAPEN has announced a shared learning initiative with NICE, which will be a valuable on-going resource to support Trusts as they concentrate on implementation.

The 2006 BANS Report also offered up some interesting statistics around the area of nutrition, particularly in patients with dementia and often leading to ethical dilemmas around feeding strategies at end of life.

To close, Dr Gabe looked forward to the featured lectures of the day and announced a date for all delegates' diaries – 25th January 2007 as Nutrition Day in European Hospitals – when hospitals will once again be invited to participate in a co-ordinated day of screening for research purposes. The BAPEN contact for this event is Pat Howard.



Governance, Safety & Inspection in Nutrition

Pat Howard emphasised that nutrition has been subject to dramatic changes over the years in both hospital and care settings. In previous years, the focus on nutrition and food has diminished due to financial constraints and out sourcing to food providers. However, more recently, guidance in various forms has been put in place, ensuring that nutritional care is once again beginning to receive the recognition and action it deserves.

NICE support

Elena Terol-Sabino reported on the NICE guidance on Nutrition Support and their implementation support in the form of implementation tools, shared learning and evaluation of the guidance.

Published in February 2006, Nutrition Support in Adults guidance will be up for review in 2010. Its underlying rationale is the recognition that malnutrition is common in all care settings and its aim is improving the practice of and creating a pathway for nutrition support. NICE suggests priorities should therefore be education and training, a multidisciplinary approach, a specialist nutrition nurse and a nutrition steering group in all hospitals. Key clinical priorities should be a screening policy and guidance that nutrition support is offered where appropriate.

Implementation of the guidance requires Trust Board support and clear leadership. NICE recommends the use of a dedicated resource in the form of a 'NICE Manager' to oversee the multidisciplinary team. There also needs to be a systematic approach to financial planning, monitoring, evaluation and feedback resulting from the guidance. NICE suggests a staged approach, such as firstly implementing a manager, then a team, undertaking a baseline assessment before deciding on resource requirements. An action plan should then be written and reviewed as progress is monitored.



Safety first

Caroline Lecko from the National Patient Safety Agency (NPSA) discussed the idea of nutrition as an issue of patient safety. The NPSA analyse anonymous reports from NHS organisations, looking for themes and issues across patient safety.

Despite a growing number of reports overall into the NPSA, nutrition and hospital food are not often identified as patient safety issues. The degree of harm is often underestimated and as a result incidents do not get reported. A lack of availability of special diets, a lack of special meals, prolonged 'nil by mouth' (NBM), choking, delays in referrals and lack of assistance when eating are all examples of things which should be reported.

The NPSA are looking at specific projects such as the Protected Mealtimes Review and Nutritional Screening, trying to find out why things aren't happening, why resources are not available and getting the message across that a missed mealtime is as important as missed medication.

Check it out

Amanda Hutchinson from the Healthcare Commission (HC) examined their role in improving care and nutrition for older people. The HC carries out Annual Health Checks on institutions, reviewing quality of services, use of resources, measuring them against existing national targets and setting new targets for the future. They also carry out inspections and handle serious complaints where needed and produce a report annually – the State of Healthcare Report.

Earlier this year, the HC were a partner in the Living Well in Later Life Report (March 06) in which they looked at, amongst other things, respect for dignity and nutrition. Issues highlighted here included problems with single sex wards, meals taken away uneaten with no help offered at mealtimes. Staff training was highlighted as an issue, particularly in the area of special needs and dementia patients in particular.

Early next year the HC will be taking a closer look at Trusts which are compliant with standards in this area to highlight the reasons behind them getting it right. This will then allow lessons to be learned and passed on to other non-compliant Trusts.

North of the Border

The successful story of the 'Scottish Experience' around improving nutritional care was told by Chair of BAPEN's Malnutrition Group, Dr Alastair McKinlay from Aberdeen Royal Infirmary. He began by highlighting the exciting opportunity to positively influence patient care. Back in 1992, the King's Fund Report described nutrition as one of the best things health professionals can do for patients. Despite this, hospital food remains one of the top five problems in the opinion of the public. However, the problem is not necessarily with the food itself, but the fact that patients are simply not getting food or enough help to eat.

Dr McKinlay picked out a series of key lessons which could be learned from the Scottish experience. Firstly, it is important to appoint a champion of nutritional standards as a successful example, and secondly be opportunistic – the standards are mandatory, there is not an option to opt out and results are made public. The third lesson is to keep the key concept of nutritional care and the big picture in view.

BAPEN 2007 - Highlights Report (continued)

The compulsory Standards are achievable but stretching and cover all patient access to a nutrition team, assessment and care planning (including mandatory screening of all patients), education and training, staffing, quality of nutrition and communication with patients. As ever, finance has been highlighted as a problem, but Scotland is heading in the right direction, pulling nutritional care up the agenda. England and Wales have a lot to learn from the example.

Nutrition – everyone’s responsibility

The panel for this Symposium highlighted key action points to take away from the session:

- **Introduce screening for malnutrition (use ‘MUST’)**
- **Set up a nutrition network within each professional setting**
- **Protect mealtimes & support patients who need help**
- **Appoint an Implementation Team Lead to take things forward**

An overriding key message is that nutritional care is everyone’s responsibility and professionals need to work as a team to provide maximum benefits for patients.

The NPSA are looking at specific projects such as the Protected Mealtimes Review and Nutritional Screening, trying to find out why things aren’t happening, why resources are not available and getting the message across that a missed mealtime is as important as missed medication.

Malnutrition and Health Inequality - The Pennington Lecture

Dr Rebecca Stratton presented this year’s Pennington Lecture on ‘Malnutrition: Another Health Inequality?’ Dr Stratton highlighted the widening gaps in health inequalities and the adverse effect of poverty and deprivation on health. “The role of nutrition is an important one, as malnutrition does not just have an effect on the body, but also on clinical outcomes”.

North/South divide

Dr Stratton investigated the possibility of a north/south divide when looking at malnutrition. With colleagues, she found that 14% of older people are at risk from malnutrition nationally, but that the further North you live the greater the risk. Those living in the north of England were 58% more at risk of malnutrition than those living in central England and 73% more at risk than those living in the south of the country. These differences exist even when all other socio-economic factors are taken out of the picture.

Inequality in risk of malnutrition is not just a national issue – it exists within regions too.

42% of the patients studied at Southampton were at risk with a link established between malnutrition and deprivation. Further study showed that patients who lived in the poorest areas of the city – that is were more deprived in terms of income, employment, disability, education and geographical access to services - were at greater risk of being malnourished.

Risk of mortality in hospital doubled

But the inequality is even more dramatic as patients from more deprived areas and entering hospital malnourished were twice as likely to die.

Currently there is a postcode lottery when it comes to the recognition and treatment of malnutrition, with varying access to diagnosis, treatment and dietetic research. Dr Stratton’s research reconfirms that malnutrition is not just a clinical problem, but a national public health issue that has to be addressed urgently.



Dr Rebecca Stratton

Malnutrition in the Community

The Malnutrition in the Community symposium at this year’s conference, chaired by Christine Russell, Honorary Treasurer of BAPEN, highlighted the need to broaden thinking around malnutrition across all care settings.

97% of cases of malnutrition exist in the community

Professor Marinos Elia, describing the economics of Malnutrition from a community perspective, confirmed that 10% of all those over the age of 65 are at risk of malnutrition whilst 15-60% of patients admitted to hospital are malnourished.

But the cause of malnutrition lies outside of hospital influence, with 97% of cases in the community.

Conversely, half of the total cost of malnutrition, set at £7.3 billion, is spent in hospitals. This cost of malnutrition accounted for about 10% of the whole of health expenditure in 2004 and is the biggest cost associated with hospital admission.

Considerable costs are incurred with malnutrition due to greater number of visits to GPs, longer stays in hospital and increased rate of infection and complications whilst in hospital.

BAPEN 2007 - Highlights Report (continued)

A challenge to politicians and policy-makers

Dr Suzanne Wait from the International Longevity Centre in the UK discussed the policy document produced in connection with BAPEN, and containing Recommendations for Change in order to address malnutrition of older people in the community.

Dr Wait highlighted the need to raise awareness and for all agencies to take responsibility for the problem and work together to make positive changes. Malnutrition needs to be fully recognised both as a clinical condition and as a social issue, alongside rather than behind obesity.

The underlying factors that increase malnutrition such as poverty, mobility and functional constraints need to be analysed and addressed. A call to action across all disciplines is required that involves all parties, with clear management and reporting. Training needs to be provided, incorporating professional standards and a coordinated approach. Screening for malnutrition is also key, not just in care settings, but also for use by social and community health workers.

Sheltered housing – the forgotten sector

More older people live in sheltered housing than in care homes, reported Imogen Parry from the charity EROSH (Emerging Role of Sheltered Housing), a fact often ignored. An opportunity exists therefore to inform these residents and support the staff who contribute to their well-being.

Sheltered housing is diverse but common elements include access to a manager, 24 hour support for all residents and a communal lounge. Such housing provides huge benefits for a wide range of older people and contributes to improved quality of life. Sheltered housing schemes are excellent venues for intermediate care, flu jabs, chiropody clinics, providing a captive audience and joined-up approach.

Wouldn't such sites be perfect to offer advice and support on nutrition and an opportunity for staff to pick up on any resident with questions or problems in this area, queried Imogen?

A failure of care

Rachel Masters, a specialist dietitian for older people from South Durham and Darlington discussed how malnutrition is managed in care homes. 21% of care home residents are at risk of malnutrition and additionally 17% of care homes fail to meet nutrition standards, as well as failing to meet the social, emotional and cultural needs of their residents.

The standards have been set by Commission for Social Care Inspection (CSCI) and include assessment of patients by a qualified person, screening, and provision of varied and nutritious diets, menu choice and the option of pureed meals. The NICE Nutrition Support in Adults guidance also now applies, which emphasises the importance of screening and staff training.

Rachel's 'Focus on Food' project in her locality involved a whole home approach to training, as well as the production of training packs. Key to success was the 100% support of management and their involvement in training and at least 75% of all other staff. Kitchen staff also benefited from attending specialist cooking courses.

Individual needs, through screening and other means, must be identified before provisions are put in place and must then be followed by proactive monitoring and continued staff training.

Nutrition, malnutrition and dementia

Nutrition issues for patients with dementia were addressed by Penny Hibberd, an Admiral Nurse and Dr Barry Jones, Chairman of BAPEN's BANS Committee. Both speakers agreed that the nutritional needs of dementia patients – and also their carers – are often overlooked due to the distressing nature of the disease.

In the UK there are approximately 750,000 people suffering with dementia, 1 in 20 of people over the age of 65 and 1 in 5 of those over the age of 80. The mean survival rate for those with dementia is 8-10 years and 18% of nursing home residents suffer with the disease.

Home enteral tube feeding is increasing in patients with dementia, with the aim of improving their nutritional status. PEGs however, have shown no evidence of improved outcome in survival, infection, quality of life, bed sores and comfort.

Many patients with advanced dementia frequently suffer from anorexia, swallowing difficulties and/or aspiration pneumonia, which make it extremely difficult to provide adequate nutrition. Consent for artificial nutrition is often difficult to obtain and therefore in many cases not enough ethical consideration is given to treatment. There are many other conflicts surrounding nutrition in dementia patients, such as questions concerning euthanasia, pro-life, the law and religious/cultural beliefs, which makes 'doing the right thing' for patients far from straightforward.

Penny Hibberd, Admiral Nurses for dementia, focused on working imaginatively with patients and their carers to identify better ways to enable both parties to implement strategies to continue managing their own nutritional needs. Moving case studies were discussed.

Disorder in the House – the Nutrition Society Symposium

Professor Langhans from the Institute of Animal Sciences, Switzerland, discussed 'Signals which generate anorexia during acute illness'. His conclusions were that several lines of evidence suggest that the pathways of LPS-induced and thus acute illness-induced anorexia converge on central neural signalling systems that control food intake and energy balance under normal conditions.

Professor Susan Schiffman from Duke University Medical Center, USA lectured on 'Critical Illness and changes in sensory perception'. Patients with a wide range of conditions often complain of alterations to smell, vision, taste, hearing and/or touch during periods of critical care. Losses in sensory perception can seriously impact on the patients' health, nutritional status, independence and quality of life.

Sensory impairments which negatively affect ability to appreciate food can potentially lead to inadequate energy and nutrient intake, weight loss and as a consequence increased risk of morbidity and mortality. The elderly are more vulnerable to sensory loss and therefore health professionals need to ensure enough is done to communicate effectively to provide both successful medical and nutritional care.

BAPEN 2007 - Highlights Report (continued)

Dr Isobel Davidson, Head of Dietetics, Nutrition & Biological Sciences at Queen Margaret University College, Edinburgh looked at 'Strategies to Improve Ingestive Behaviour'. The complex interplay of neural and endocrine responses following food intake regulates ingestive behaviour and ultimately determines subsequent energy intake. Dr Davidson reported on latest work in this area, concluding that much work still needs to be done before novel pharmacological therapies can be supported by dietary management strategies.

Sir David Cuthbertson Medal Lecture

The Cuthbertson Medal Lecture from Dr Denise Robertson of the University of Surrey was entitled 'Metabolic Cross-Talk between the Colon and the Periphery: an Integrated Approach'.

Dr Robertson focussed on the colon as a highly metabolically active organ, whose function affects the digestive tract and also peripheral organs such as adipose tissue, liver and skeletal muscle. Her two main complementary focus points for research have been (i) the metabolic adaptation which occurs following surgical removal of colonic tissue and (ii) the effect of modulating the colon in situ in terms of postprandial metabolism, insulin sensitivity and disease risk.

The work pointed to the colon as being important in modulating normal tissue insulin sensitivity, and the role of fatty acids is central to the insulin sensitivity hypothesis. Following colonic resection there is an apparent change in adipose tissue (AT) function. AT acts as a daily 'buffer' for fatty acids, however, in this study there is significant increase in the AT lipolysis rate resulting in excess fatty acids taken up into skeletal muscle. This increase in either storage of lipid or its oxidation would result in a reduction in insulin sensitivity.

The insulin-sensitising effects of high-fibre diets are also related to changes in AT function and fatty acid metabolism, but manipulating colonic tissue in situ allows the mechanisms to be elucidated. This is an exciting research area involving the potential role of SCFA (the absorbed by-products of colonic bacterial fermentation) directly on peripheral tissues following the recent identification of G-protein coupled receptors specific for these ligands.



BAPEN 2006 would not be complete without the Conference dinner. Here Becky White (3rd from left) models with friends the best of black & white style!

BAPEN 2006 – key facts

- 7 topical and scientific symposia
- 30 speakers
- 19 Original Oral communications
- 16 E-posters
- 13 posters
- 500 delegates
- 32 Exhibitors
- 8 Resource Centre participants
- 8 Conference Sponsors and Supporters

Readers please note that abstracts from the Nutrition Society symposium, together with those from the Managing Water, Managing Complications in Long-term Parenteral Nutrition, Pre & Pro-Biotics and Inflammation Technology symposia will be published in August 2007 by the Nutrition Society. Copies can be ordered through the website - www.bapen.org.uk.

BAPEN Annual Conference 2007 will be held at the Harrogate International Centre on 27th and 28th November. Abstracts will be considered for Oral, E-Poster and Static Poster sessions and should be submitted online according to the guidelines on the BAPEN website. Closing date for submissions is 22nd June 2007.

Thank you for sharing your thoughts for next year:

"Handouts of presentations in the packs please... More dietitians speaking would be good... More cutting-edge research...What about a pre-dinner debate on a topical or ethical issue?... Can we have details of case studies used in the presentations?... Can the slides and information be made available on-line?"

BAPEN Nutricia Research Fellowship Award 2007 - this year bigger and better!

NUTRICIA
CLINICAL care

Making the difference

BAPEN and Nutricia Clinical Care are pleased to announce the chance to win funds to facilitate a research project in the area of clinical nutrition. In addition there will be runners up awards of sponsorship to attend the BAPEN 2007 annual conference (Harrogate 27th-28th November).

The award is designed to encourage research in the area of clinical nutrition and contribute to the evidence base, in both the hospital and community settings.

Healthcare professionals and researchers involved in clinical nutrition are entitled to apply.

Please check clinical nutrition literature at the beginning of March for more detail of how to apply. Or for further information please contact **Dr Gary Hubbard** (Nutricia Clinical Care) at gghubbard@nutricia.co.uk or **Tel: 01225 711543**

News from Council of Europe Alliance (UK)

The Alliance of organisations set up to implement the Council of Europe Resolution received a welcome boost from the Minister for NHS Reform, Lord Warner, at the beginning of December. On 6th November, Lord Warner was the respondent in a debate about the Government's plans for food services and nutritional care in hospitals. The Alliance group wrote to him and advised him of the work we are doing and he gave a very supportive response saying that 'This is entirely in line with our aspirations for a devolved NHS... [and] I hope that you will continue to work closely with us on this issue'.

The Alliance hopes to work with Skills for Health (www.skillsforhealth.org.uk) on a joint competency framework for food service and nutritional care teams in our hospitals. This framework will enable the professional stakeholder groups to coordinate their teaching and training efforts and improve the care our patients receive. We are also working on a short (one side of A4) communications document entitled '10 Key Characteristics of Good Nutritional Care' and we hope that this will mean something both to staff at ward level and Trust Board members. By joining up thinking and policy from bedside to boardroom we are confident that care will improve.

Rick Wilson
Director of Nutrition and Dietetics
Kings College Hospital, London



From Malnutrition to Wellnutrition - A European Call For Action

Malnutrition is not usually associated with the prosperous west, but according to the European Nutrition for Health Alliance (ENHA), which is lobbying for public health action at EU level, more than 50 million people across Europe are at risk.

The multi-disciplinary alliance comprises of stakeholders from health care professions, patient groups, non-governmental organisations, governments and industry.

At a one-day conference held in Brussels on 22nd November 2006, the alliance presented information on the topic to policy makers and stakeholders, and discussed steps to put the issue on public health policies and ageing.

"Malnutrition is not on the political agenda in any of the 25 countries of the EU nor in Brussels," said Professor Jean-Pierre Baeyens, Chair of ENHA. He called age- and disease-related malnutrition a "forgotten facet of poor nutrition", which places financial burden on health care systems across the continent. In the UK alone, the cost of malnutrition has been estimated to be in the region of €10.5 billion. If these figures are extrapolated, the annual cost of malnutrition amounts to some €60 billion in the EU. "Health costs could be cut down by 20% in the EU if the issue of malnutrition was resolved," added Baeyens, who would like the EU Health Commissioner Kyprianou to put forward a Green paper on malnutrition to set it on the EU policy agenda.

"In the current era of the obesity epidemic, most attention from policymakers and health promotion campaigns is aimed at reducing caloric intake and improving nutritional habits. Yet a forgotten facet of poor nutrition is malnourishment, defined as an imbalance of energy, protein, and other nutrients, related to age and illness: millions of people suffer or die of malnutrition," stressed Professor Jean-Pierre Baeyens, critical of the fact that "malnutrition doesn't feature in any political programmes, no more in the 25 member states than in Brussels".

The ENHA would like to see nutrition positioned as part of the care pathway, which would increase the effectiveness of care delivery – not to mention save money for insurers.

"We would like to encourage people to live alone for as long as possible, but they may need some coaching and information," said Frank De Man, Secretary General of the ENHA. Education could come from a variety of sources, including GPs, nurses, dietitians, and the food industry. He stressed that screening for malnutrition is also important. ENHA says that malnutrition is under-diagnosed and under-treated, both in hospitals and nursing homes and in the community.

"Many people think they have no problem, but they are at an increased risk and may have longer stays in hospital if they are not well fed," said De Man. "It is clear that action needs to be taken at national level."

He added that the food and nutrition industries have been very supportive of the conference, having a commercial stake and playing a role in the development and positioning of nutritional products.

A number of common themes were identified (Table 1) during the meeting that will be developed into an action plan for 2007-08. These will be published in early 2007 together with a full conference report. For further information visit: www.european-nutrition.org or www.stopmalnutrition.com/home



Table 1: Preliminary recommendations

Raise awareness amongst the public, healthcare professionals and Government officials
Need national or European-wide patient identification initiatives and standards for nutritional care
Need integrated care across health and social services
Mandatory nutrition training for healthcare professionals and social services
Nutritional care to become a core job responsibility for healthcare professionals
Need to develop disease management guidelines that encompass nutrition
Continuity of care across healthcare settings
Need to develop the right tools and equipment
Identification and allocation of resources for nutrition screening and treatment
Requirement for country specific health economic data on the cost of malnutrition



Carole Glencorse
Head of Nutritional Services
Abbott Nutrition

BAPEN has contributed to this call for action with the publication with ENHA & ILCUK of the policy document 'Malnutrition among older people in the community - a policy recommendation for change'. View the report at www.bapen.org.uk.



BAPEN

Advancing Clinical Nutrition

2007 Annual Conference

of

The British Association for Parenteral and Enteral Nutrition

to be held at

Harrogate International Centre

on

Tuesday 27th & Wednesday 28th November 2007



ABSTRACTS will be considered by **BAPEN** for Oral, E-Poster and Static Poster Sessions. Method of presentation will be decided by the Bapen Programmes Committee.

ABSTRACTS should be submitted online according to the published guidelines, available on the BAPEN website.

www.bapen.org.uk

Closing date for abstracts: 22nd June 2007

For further information contact Sovereign Conferences, Secure Business Hold Business Centre, Studley Road, Redditch, Worcs. B98 7LG

Tel: 01527 457850 Fax: 01527 458718

What's in the media?

MALNUTRITION & MORTALITY: THE GREAT DIVIDE

The latest health inequality unveiled between North and South and Rich and Poor

"You are at greatest risk of malnutrition and its consequences if you live in the North and are poor," said Dr Rebecca Stratton in The Pennington Lecture delivered at BAPEN 2006

"Older people living in the North of England are at 73% greater risk of malnutrition than those living in the South but in the South those living in more deprived areas are at significantly greater risk of malnutrition and have double the risk of dying when admitted to hospital than those from more affluent areas."

As Dr Stratton's work had been carried out in Southampton, in partnership with Professor Elia, the regional media in the South pricked up their ears and covered the story. So Rebecca was in great demand, being recorded for the lunchtime BBC News and whisked to the local BBC Studio for a live interview on the 6 o'clock news. BBC local radio picked up the voice recording and carried the story on their local website.



Dr Rebecca Stratton being interviewed by BBC TV South for the regional television news on the 'new' health inequality of malnutrition and the doubled risk of mortality for hospital in-patients from deprived areas

Lighter babies more likely to be left-handed

This was the interesting result from one of the research studies presented by poster at BAPEN 2006. Picked up by scientific and mother & baby websites world-wide, this topic created quite a stir!

The *Guardian* picked up the story too "Left-handedness is established or 'programmed' during a baby's early development in the womb, probably because of the amount of nutrition received during the pregnancy, according to new research by the University of Southampton.

'One Third of European Senior Citizens Are Malnourished - over 50 Million Europeans Are at Risk of Malnutrition'

stated the headlines in print and across the web following a meeting in Brussels, under the Presidency of Finland, to discuss malnutrition. Attended by senior representatives from governments, policy-makers, not-for-profits and patient associations, the aim was to raise awareness of the extent and impact of malnutrition in political circles.

Professor Marinos Elia represented BAPEN, presenting the health economic case and the potential savings to be made to healthcare systems, individuals and families, throughout the EC.

Malnutrition is currently not on the political agenda in any of the 25 countries of the EU nor in Brussels confirmed the meeting - but that is now likely to change.

Letter on malnutrition from our Correspondent North of the Border published in The Scotsman, 28 November 2006

"Rise in number of deaths attributed to malnutrition reflects better practice"

"Your report (21 November) on the rise in deaths from malnutrition in Scotland said the cause for this was unclear, and that it was a matter for outrage. On the contrary, the causes may be relatively simple, and could, paradoxically, reflect better practice in Scotland.

It is known that around 40 per cent of all hospital admissions are under-nourished when they come into hospital, and that this is unrecognised in about 75 per cent of cases. As a result they do not receive specific treatment or help. Malnutrition is also strongly associated with illness and is a particular problem in the elderly, as highlighted by a number of recent reports. As the Scottish population has grown older, the incidence of malnutrition is likely to have increased.

In 2003, NHS Quality Improvement Scotland published a "Standard for Food, Fluid and Nutritional Care in Hospitals" which made screening for under-nutrition mandatory on admission to all Scottish hospitals. As this has come into practice, more patients are likely to have been identified as being under-nourished, and, as a result, malnutrition will appear as the cause of mortality on more death certificates.

Contrary to the implications in your report, the increased number of death certificates may therefore reflect better recognition of under-nutrition and may actually be a sign of improving practice. Scottish health boards need to be encouraged to implement the full standard for all their patients. Perhaps then the number of deaths from malnutrition will fall."

Dr Alastair McKinlay, Consultant Gastroenterologist, Chair of Malnutrition Action Group, BAPEN, Aberdeen

Rhonda Smith
PR and Media co-ordinator of BAPEN



AuSPEN Update



Over 200 delegates packed the conference centre at the Carlton Crest Hotel in Sydney, Australia, for the 32nd Annual Scientific Meeting (ASM) of the Australasian Society of Parenteral and Enteral Nutrition (AuSPEN) between 9th and 11th of November 2006.

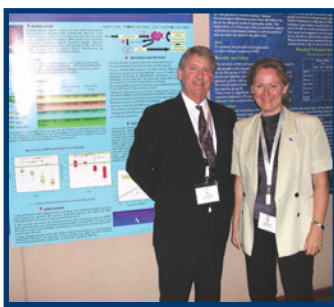
Keynote speakers were ASPEN President, Professor Gordon Jensen, Director of the Vanderbilt Human Nutrition Centre, USA and Dr Metter Berger, from Lausanne Switzerland, who both delivered a series of highly motivational and informative lectures on the relationships between inflammation and nutrition, the global obesity epidemic, micronutrient and energy requirements for the elderly obese and for the critically ill.

Dr Jensen also participated in a lively 'point counter-point' debate with Professor David Bihari (ex Guys Hospital London) now at the Prince of Wales Hospital Sydney, on whether Glutamine should be in all nutritional support. Since both combatants appeared to be users of glutamine in their clinical practice, it was a little difficult at times for the delegates to ascertain who was 'pro' and who was 'con'! Nevertheless, debate chairman Dr Michael O'Leary (ex St Barts Hospital London) managed to draw some key practice guidance and indications for use from the humorous proceedings, drawing partly from his own experiences with glutamine research.

The full text of the keynote lectures and debate presentations can be accessed from the AuSPEN website: www.auspenn.org.au

With over 30 posters and short communications covering a wide range of nutrition support topics, ASM delegates were able to select and attend several presentations of particular interest to their own clinical practice. Additionally, the two workshops on micronutrients and guideline development were packed to capacity. Presentations from Australia naturally dominated but New Zealand provided almost a third of the posters and again pulled off some of the prizes. Encouragingly, there were several presentations jointly authored by teams from both countries, three posters from dietitians at St Thomas' Hospital London plus oral presentations from Croatia, Peru and Uruguay. Topics ranged from nutritional screening and assessment of energy expenditure in adults and paediatric intensive care or oncology patients, through to bariatric surgery, burns, micronutrients and cystic fibrosis. Home Enteral and Parenteral Nutrition registers and audit procedures were also very topical. Abstracts from the ASM will be published shortly in the journal 'Nutrition'.

Highlight of the last day was the inaugural 'Graham Hill Oration' in honour of one of the AuSPEN pioneers in surgical nutrition and metabolic care during his time in Auckland and at Leeds General Infirmary (UK). The lecture was delivered in masterful fashion by the original founder of AuSPEN, paediatric surgeon Dr Robert MacMahon (pictured). Introduced by society President Dr Andrew Davies, Bob MacMahon enthralled the delegates with his erudite address describing his own pioneering efforts to establish the very first use of PN in Australia to save the life of a low birth weight infant, and the early trials and tribulations involved in establishing the first national PN society in the world in 1974.



Gil Hardy with keynote speaker Dr Mette Berger

The symposium closed with a well attended prize giving ceremony for best scientific and poster presentations. Gil Hardy and William Manzanares, winners of the MacMahon AuSPEN award for the best scientific presentation showed that serum selenium measurements in ICU patients are lower than normal volunteers and frequently do not attain levels required to optimise glutathione peroxidase activity. Patients with trauma, sepsis, SIRS and MOD may well

benefit from selenium supplementation of 500 -1000 µg/d as demonstrated recently in European clinical studies.

The IPaNEMA-AuSPEN award for the best PN poster was presented by Professor Patrick Ball to Kim Bowden on behalf of the NST at North Shore Hospital in Auckland. Their assessment of patients receiving PN for > 7 days indicated that transthyretin (or prealbumin) measurements were inversely correlated with C-reactive protein, making this a useful parameter for assessing PN support.



The IPaNEMA-AuSPEN award, presented by Professor Patrick Ball to Kim Bowden.

In closing Andrew Davies thanked the conference planning committee for a great conference and especially acknowledged the tremendous contribution of the co-conveners. Finally, in thanking AuSPEN council and the delegates for all their support, Andrew expressed pride and optimism for the future expansion of AuSPEN and looked forward to planning joint AuSPEN conferences in Perth with the Gastroenterology Society of Australasia in October 2007 and again in Sydney with the Australian & New Zealand Intensive Care Society in 2008.

Australasian Parenteral Nutrition Pharmacists Group

A new Parenteral Nutrition Pharmacists Group, initiated in June 2006 by Senior Pharmacist Azeem Ahmad, now has over 80 members. The group includes hospital, academic and industrial pharmacists across Australia and New Zealand.

Some BPNG members will remember Azeem who worked for several years with Parenteral Nutrition and Haematology/Oncology at the Hospital for Sick Children Great Ormond Street, North Middlesex and units in other London Hospitals before moving to Sydney in 2004, where he now manages the Pharmacy Technical Unit at Sydney Children's and Prince of Wales Hospital. As a member of the AuSPEN programme organising committee for the Annual Scientific Meeting Azeem realised there was no platform to communicate with other PN Pharmacists in Australasia and was encouraged to establish the PN Pharmacists Group. Since then the group has grown very quickly and is being used regularly by pharmacists around Australia and New Zealand as a forum for debating and discussing PN practices and related issues. A business meeting in Sydney resolved that the group should be part of the AuSPEN organisation and new AuSPEN Council member, Gil Hardy was charged with pursuing this objective.

Further details can be obtained from g.hardy@auckland.ac.nz

Professor Gil Hardy



Diary Dates 2006

National Dates	Meetings - National	Venue and Contact Details
6th March	British Nutrition Foundation Conference The influence of diet on cognitive function, appetite and mood	Central London. www.nutrition.org.uk
26th - 29th March	British Society Gastroenterology Annual Meeting	Glasgow SECC. www.bsg.org.uk
3rd April	BDA Community Nutrition Group and Nutrition Advisory Group for Elderly People joint meeting	Hayes Conference Centre, Swanwick, Derbyshire. www.cnguk.org
8th May	Nutrition Society Meeting Nutritional supplements and drug efficacy	The Teacher Building, Glasgow. www.nutritionandsociety.org
16th May	CN Symposium Nutrition in Life 2007	Institute of Physics, London. www.nutrition2me.com/cnsymposium
19th - 21st June	British Dietetic Annual Conference	Belfast. www.bda.uk.com
16th - 19th July	Nutrition Society Summer Meeting Diet and chronic disease	University of Coleraine, Northern Ireland. www.nutritionandsociety.org
4th - 7th Sept 2007	25th Leeds Course in Clinical Nutrition	St James University Hospital, Leeds. Email: clinicalnutrition@leeds.ac.uk Website: www.clinical-nutrition.co.uk
10-14th Sept	The Intercollegiate Course on Human Nutrition	Nottingham. www.icgnutrition.org.uk

Meetings – International

20 -21st April	Early Nutrition Programming and Health Outcomes in later life: Obesity and beyond	Budapest, Hungary. www.metabolic-programming.org/Budapest2007
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BAPEN 2007

27th - 28th November 2007 - Harrogate. For further information see www.bapen.org.uk

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PRAGUE



29th ESPEN Congress 8th - 11th September 2007



Opening of abstract submission:
27 January 2007

Closing of abstract submission:
11 April 2007

Early registration deadline:
25 May 2007

Deadline for late breaking abstracts (posters only):
7 July 2007

No refunds for cancellation after:
8 July 2007

Important Dates and Deadlines

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Website: www.espen.org

Organising Secretariat

MCI has been selected by Central ESPEN as the official Congress Organiser to process registrations, hotel reservations, excursions.

Information on the commercial exhibition as well as organisation and sponsorship of special events may also be obtained from the organising secretariat:

All correspondence should be sent to:
ESPEN 2007

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CH-1211 Geneva 13
Switzerland

Tel. +41 22 33 99 580
Fax +41 22 33 99 601

E-mail:
espen2007@mci-group.com

Information regarding the programme of the congress will be available on the ESPEN website: www.espen.org from January 2007

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21st birthday

2007 Spring conference

Knebworth Barns conference and banqueting centre



'Don't look back in hunger.....'
27th and 28th June 2007

email jane.fletcher@uhb.nhs.uk for details