

Nutrition and Hydration

Current Awareness Bulletin

September 2025

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Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

1. General disease symptoms and their impact on appetite and food intake in older hospitalized patients.

Authors: Pourhassan M.;Daubert D.;Sieske L.;Giehl C.;Neuendorff N.R. and Wirth, R.

Publication Date: 2026

Journal: Appetite 216(pagination), pp. Article Number: 108279. Date of Publication: 01 Jan 2026

Abstract: This prospective longitudinal observational study investigated the associations between individual disease symptoms and appetite among 200 older hospitalized patients (mean age 81.4 +/- 6.8 years, 62.5 % women) from admission to 7 days later. The Simplified Nutritional Appetite Questionnaire (SNAQ) and Edmonton Symptom Assessment System (ESAS) were employed to assess appetite and disease symptoms, respectively. At baseline, 32.5 % of patients reported very poor or poor appetite, a proportion that decreased significantly to 23.5 % at follow-up. Notable improvements were observed in pain, fatigue, well-being, and shortness of breath at follow-up. Across both time points, appetite was most strongly negatively correlated with nausea, poor well-being, drowsiness, and anxiety. In particular, patients whose nausea worsened over time experienced a marked reduction in appetite (48 %), compared to those with stable (21 %) or improved nausea (9 %, p 0.05). In a multiple logistic regression analysis, only nausea and poor well-being were significant predictors of lower appetite scores at baseline and of further appetite reduction over time. This

study provides evidence that among older hospitalized patients, sustained nausea and reduced well-being are key determinants of appetite loss. Although depressive symptoms, fatigue, and pain also play roles, their impact appears to fluctuate during hospitalization.
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2. Global, regional, and national progress towards the 2030 global nutrition targets and forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2021

Publication Date: 2025

Journal: Lancet (London, England) 404(10471), pp. 2543–2583

Abstract: Background: The six global nutrition targets (GNTs) related to low birthweight, exclusive breastfeeding, child growth (ie, wasting, stunting, and overweight), and anaemia among females of reproductive age were chosen by the World Health Assembly in 2012 as key indicators of maternal and child health, but there has yet to be a comprehensive report on progress for the period 2012 to 2021. We aimed to evaluate levels, trends, and observed-to-expected progress in prevalence and attributable burden from 2012 to 2021, with prevalence projections to 2050, in 204 countries and territories. Methods: The prevalence and attributable burden of each target indicator were estimated by age group, sex, and year in 204 countries and territories from 2012 to 2021 in the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2021, the most comprehensive assessment of causes of death, disability, and risk factors to date. Country-specific relative performance to date was evaluated with a Bayesian meta-regression model that compares prevalence to expected values based on Socio-demographic Index (SDI), a composite indicator of societal development status. Target progress was forecasted from 2021 up to 2050 by modelling past trends with meta-regression using a combination of key quantities and then extrapolating future projections of those quantities. Findings: In 2021, a few countries had already met some of the GNTs: five for exclusive breastfeeding, four for stunting, 96 for child wasting, and three for child overweight, and none met the target for low birthweight or anaemia in females of reproductive age. Since 2012, the annualised rates of change (ARC) in the prevalence of child overweight increased in 201 countries and territories and ARC in the prevalence of anaemia in females of reproductive age decreased considerably in 26 countries. Between 2012 and 2021, SDI was strongly associated with indicator prevalence, apart from exclusive breastfeeding ($|r|=0.46-0.86$). Many countries in sub-Saharan Africa had a decrease in the prevalence of multiple indicators that was more rapid than expected on the basis of SDI (the differences between observed and expected ARCs for child stunting and wasting were -0.5% and -1.3% , respectively). The ARC in the attributable burden of low birthweight, child stunting, and child wasting decreased faster than the ARC of the prevalence for each in most low-income and middle-income countries. In 2030, we project that 94 countries will meet one of the six targets, 21 countries will meet two targets, and 89 countries will not meet any targets. We project that seven countries will meet the target for exclusive breastfeeding, 28 for child stunting, and 101 for child wasting, and no countries will meet the targets for low birthweight, child overweight, and anaemia. In 2050, we project that seven additional countries will meet the target for exclusive breastfeeding, five for low birthweight, 96 for child stunting, nine for child wasting, and one for child overweight, and no countries are projected to meet the anaemia target. Interpretation: Based on current levels and past trends, few GNTs will be met by 2030. Major reductions in attributable burden for exclusive breastfeeding and anthropometric indicators should be recognised as huge scientific

and policy successes, but the comparative lack of progress in reducing the prevalence of each, along with stagnant anaemia in women of reproductive age and widespread increases in child overweight, suggests a tenuous status quo. Continued investment in preventive and treatment efforts for acute childhood illness is crucial to prevent backsliding. Parallel development of effective treatments, along with commitment to multisectoral, long-term policies to address the determinants and causes of suboptimal nutrition, are sorely needed to gain ground. Funding: Bill & Melinda Gates Foundation.

3. Effectiveness of Medical Nutrition Therapy in the Management of Patients with Obesity and Endometriosis: from the Mediterranean Diet To the Ketogenic Diet, Through Supplementation. The Role of the Nutritionist in Clinical Management.

Authors: Barrea L.;Verde L.;Annunziata G.;Chedraui P.;Petraglia F.;Cucalon G.;Camajani E.;Caprio M.;Gorini S.;Iorio G.G.;Di Girolamo R.;Carbone L.;Chapela S.;FriasToral E. and Muscogiuri, G.

Publication Date: 2025

Journal: Current Obesity Reports 14(1) (pagination), pp. Article Number: 68. Date of Publication: 01 Dec 2025

Abstract: Purpose of the Review: This review aimed to summarize current evidence on the effectiveness of medical nutrition therapy (MNT) in the management of obesity and endometriosis, with a focus on dietary patterns such as the Mediterranean and Ketogenic diets, as well as nutritional supplementation. Additionally, it highlights the central role of the clinical nutritionist in implementing individualized, evidence-based interventions within multidisciplinary care. Recent Findings: Although the literature reports the existence of an inverse relationship between risk of endometriosis and body mass index, clinical evidence jointly reports that a condition of obesity is associated with greater disease severity. This, therefore, implies the need to identify the different phenotypes of patients with endometriosis at which to target a precision MNT. Several dietary patterns and supplements have been investigated for their role in endometriosis management. The Mediterranean diet-rich in anti-inflammatory nutrients, fiber, and antioxidants-has been associated with decreased pain and improved quality of life. More recently, ketogenic diets have shown potential in modulating insulin signaling and inflammatory pathways, though clinical evidence remains limited. Supplementation with omega-3 fatty acids, N-acetylcysteine, resveratrol, vitamins C and E, and probiotics has demonstrated promising anti-inflammatory and antioxidative effects in both preclinical and clinical studies. Furthermore, attention is being directed toward the gut microbiota and its interaction with the immune and endocrine systems in women with endometriosis. Summary: Endometriosis is a chronic gynecological condition characterized by ectopic endometrial tissue, estrogen dependence, and persistent inflammation. It affects approximately 10% of women of reproductive age and is associated with pelvic pain, infertility, and reduced quality of life. While conventional treatment focuses on hormonal therapy and surgery, MNT is emerging as a non-invasive, supportive approach. Nutritional interventions can target key pathophysiological mechanisms of endometriosis, such as systemic inflammation, oxidative stress, and hormonal imbalance, offering potential symptom relief and improved clinical outcomes.

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4. Artificial intelligence in nutrition science: Balancing innovation and ethical responsibility.

Authors: Capocasa M. and Venier, D.

Publication Date: 2025

Journal: Nutrition and Health , pp. 2601060251375834

Abstract: Artificial intelligence (AI) is increasingly applied in nutrition science to support clinical decision-making, prevent diet-related diseases such as obesity and type 2 diabetes, and improve nutrition care in both preventive and therapeutic settings. By analyzing diverse datasets, AI systems can support highly individualized nutritional guidance. We focus on machine learning applications and image recognition tools for dietary assessment and meal planning, highlighting their potential to enhance patient engagement and adherence through mobile apps and real-time feedback. Despite these advantages, challenges persist. AI-driven recommendations depend heavily on data quality and algorithm transparency, and biases may arise from unbalanced datasets that underrepresent certain populations or dietary patterns. These challenges can be mitigated through validated data sources, explainable AI systems, and mandatory professional oversight. We emphasize an approach that integrates AI responsibly within nutritional practice. It underscores the importance of ethical standards, interdisciplinary collaboration, and equitable access to ensure safe and effective implementation.

5. 'Making the System Work': A Multi-Site Qualitative Study of Dietitians' Use of iEMR to Support Nutrition Care Transitions for Older Adults with Malnutrition.

Authors: Gomes K.;Roberts S.;Desbrow B. and Bell, J.

Publication Date: 2025

Journal: Healthcare (Switzerland) 13(17) (pagination), pp. Article Number: 2227. Date of Publication: 01 Se 2025

Abstract: Background: Older adults with malnutrition (≥ 65 years) require coordinated nutrition care during hospital-to-home transitions. A key purpose of integrated electronic medical record (iEMR) systems is to support clinicians in ensuring continuity of care across settings, yet little is known about their use in nutrition care discharge practices. This study explored how clinical dietitians use the iEMR to support nutrition care discharge practices for older adults with malnutrition and identified opportunities for optimisation to enhance care continuity. Method(s): Semi-structured interviews were conducted with 16 clinical dietitians (11 frontline clinicians, 5 senior leaders) from 10 public hospitals across Queensland, Australia. Analysis combined deductive coding using the Consolidated Framework for Implementation Research 2.0 with inductive thematic analysis to identify system-level, organisational and behavioural influences on iEMR use and optimisation opportunities. Result(s): Four themes and ten subthemes were identified. System fragmentation, policy constraints and documentation burden limited dietitians' ability to coordinate discharge care. Workarounds were common and reflected both practical adaptation and conditional trust in iEMR. Discharge

practices were also shaped by local culture, professional norms and variable expectations for iEMR use. Despite these constraints, participants expressed aspirations for an optimised iEMR with embedded referral tools, real-time alerts and analytics to support improved service delivery. Conclusion(s): This study identified key factors influencing iEMR use by clinical dietitians to support nutrition care transitions for older adults with malnutrition. While current systems present significant challenges, optimising iEMR alongside organisational and policy enablers holds potential to strengthen nutrition care discharge practices and care continuity. Copyright © 2025 by the authors.

6. Prophylactic effects of nutrition, dietary strategies, exercise, lifestyle and environment on nonalcoholic fatty liver disease

Authors: Hao, Xiangyong; Song, Hao; Su, Xin; Li, Jian; Ye, Youbao; Wang, Cailiu; Xu, Xiao; Pang, Guanglong; Liu, Wenxiu; Li, Zihan and Luo, Tian

Publication Date: 2025

Journal: Annals of Medicine 57(1), pp. 2464223

Abstract: Background: Nonalcoholic fatty liver disease (NAFLD) is a chronic liver disease and its prevalence has risen sharply. However, whether nutrition, dietary strategies, exercise, lifestyle and environment have preventive value for NAFLD remains unclear.; Methods: Through searching 4 databases (PubMed, Web of Science, Embase and the Cochrane Library) from inception to January 2025, we selected studies about nutrition, dietary strategies, exercise, lifestyle and environment in the prevention of NAFLD and conducted a narrative review on this topic.; Results: Reasonable nutrient intake encompassing macronutrients and micronutrients have an independent protective relationship with NAFLD. Besides, proper dietary strategies including mediterranean diet, intermittent fasting diet, ketogenic diet, and dietary approaches to stop hypertension diet have their inhibitory effects on the developmental process of NAFLD. Moreover, right exercises including walking, jogging, bicycling, and swimming are recommended for the prevention of NAFLD because they could effectively reduce weight, which is an important risk factor for NAFLD, and improve liver function. In addition, embracing a healthy lifestyle including reducing sedentary behavior, not smoking, sleeping well and brushing teeth regularly is integral since it not only could reduce the risk of NAFLD but also significantly contribute to overall prevention and control. Finally, the environment, including the social and natural environments, plays a potential role in NAFLD prevention.; Conclusion: Nutrition, dietary strategies, exercise, lifestyle and environment play an important role in the prevention of NAFLD. Moreover, this review offers comprehensive prevention recommendations for people at high risk of NAFLD.

7. Diet in Pregnancy: A Review of Current Challenges and Recommendations. A British Nutrition Foundation Briefing Paper.

Authors: Hart K.H.; Hill A.J.; Gonzalez J.T.; de la Hunty A.; Gallagher A.M. and Stanner, S. A.

Publication Date: 2025

Journal: Nutrition Bulletin 50(3), pp. 365–410

Abstract: Pregnancy is a crucial period during which maternal nutrition, weight and lifestyle behaviours have a direct impact on both maternal and fetal health. This briefing paper describes dietary and lifestyle recommendations for women during the preconceptional period and throughout pregnancy, identifying specific factors that can be modified to improve health outcomes for both mother and child. It considers key areas such as nutrient intakes, supplementation, food safety and weight management, and highlights how dietary choices can help reduce the risk of common pregnancy-related conditions. Despite widespread recognition of the importance of a healthy, balanced diet, many women in the UK fall short of recommended intakes for important nutrients, including iron, folate, iodine and vitamin D. These shortfalls are particularly evident among nutritionally vulnerable groups, such as teenagers, women from lower-income households and those experiencing food insecurity; such groups may face barriers to accessing healthy foods and adhering to supplementation guidance. An increasing interest in plant-based diets presents an opportunity to consider a range of dietary patterns that support both maternal health and environmental sustainability. However, such shifts must be carefully managed to ensure adequate intake of nutrients commonly found in animal products, such as vitamin B12, iron, iodine, calcium and long-chain fatty acids. Rates of overweight and obesity among women of childbearing age remain high, reflecting trends in the general population and contributing to growing concern about maternal obesity. Maintaining a healthy weight before and during pregnancy plays a key role in supporting maternal and fetal wellbeing. Both insufficient and excessive weight gain are associated with elevated risks of complications. Excessive weight gain during pregnancy is associated with an increased risk of developing gestational diabetes, hypertensive disorders such as pre-eclampsia, preterm birth and a greater likelihood of long-term obesity in both mother and child. Supporting women to achieve and maintain a healthy weight in the periconceptional period and throughout pregnancy is therefore a public health priority. The antenatal period presents a unique window of opportunity to promote healthier and more sustainable eating patterns, as women are often highly motivated to improve their health and are in more regular contact with healthcare professionals at this time. Yet, research indicates that many women are unaware of dietary recommendations or receive inconsistent advice. To fully harness this opportunity, healthcare providers must be equipped with culturally appropriate, accessible and evidence-based resources to support perinatal conversations around diet, supplementation, physical activity and body weight. Providing appropriate support during the periconceptional and early pregnancy period is essential to addressing health inequalities, improving long-term wellbeing and positively influencing the health of future generations. Copyright © 2025 The Author(s). Nutrition Bulletin published by John Wiley & Sons Ltd on behalf of British Nutrition Foundation.

8. Factors influencing the implementation of mealtime interventions in inpatient and aged care settings: A systematic review.

Authors: Hill C.L.;McNamara K.;Alston L.;Miles A.;Choi J. and Wong Shee, A.

Publication Date: 2025

Journal: International Journal of Speech-Language Pathology , pp. 1–19

Abstract: PURPOSE: Many mealtime interventions have been developed over the past ten years. The effective implementation of such interventions into clinical practice is crucial to

improve the swallowing safety and/or mealtime-related quality of life for people living with dysphagia or at risk of malnutrition. This systematic review summarises and critically appraises the literature on implementation of mealtime interventions in inpatient and aged care settings. **METHOD(S):** A systematic database search was conducted using CINAHL, Embase, and MEDLINE. In total, 4475 records were identified and 25 studies met the inclusion criteria. Data were extracted relating to country, healthcare setting and characteristics, number of participants, target population, research method and design, intervention implemented, framework used, implementation strategies, facilitators and barriers to implementation, intervention outcomes, and implementation outcomes.

RESULT(S): Findings highlighted gaps in the literature regarding implementation of evidence-based mealtime interventions and their associated outcomes. Staff training and engaging key stakeholders were the most used implementation strategies. Inconsistencies in the reporting of implementation processes and outcomes were identified.

CONCLUSION(S): Further research is required to evaluate the most effective strategies for implementing mealtime interventions and the successful integration of evidence-based practices, thus enhancing the quality of care and the well-being of individuals experiencing dysphagia.

9. Feasibility of a nurse-led online video intervention for mealtime assistance in dementia care: a quasi-experimental mixed-methods study.

Authors: Jung D.;Yoo L.;Shin S.;Byeon S.;Seo H. and Choi, E.

Publication Date: 2025

Journal: BMC Geriatrics 25(1), pp. 677

Abstract: **BACKGROUND:** Mealtime assistance is essential in long-term care for older adults with dementia, as it promotes autonomy, social interaction, and dignity. Flexible and accessible training for direct care workers (DCWs) is crucial in improving mealtime support. This study aimed to develop and evaluate the effectiveness of a YouTube-based mealtime assistance education program for dementia care based on the cognitive theory of multimedia learning. The intervention was designed to provide accessible and flexible training for DCWs in care facilities. **METHOD(S):** A quasi-experimental, mixed-methods design was used. Twenty-four DCWs and five supervising nurses from two long-term care facilities participated in this study. To maximize participation, DCWs were non-randomly assigned to the intervention based on facility recommendations and individual work schedules. The effectiveness of the program was evaluated using Kirkpatrick's four-level model. Reactions were measured by collecting satisfaction data from the DCWs through surveys and focus group interviews (FGIs). Learning outcomes were assessed using self-reported questionnaires to measure mealtime assistance knowledge with pre- and post-intervention comparisons. Behavioral changes were evaluated by supervising nurses using an observation-based questionnaire and analyzed using pre- and post-intervention data. Organizational results and the dissemination effect were explored through FGIs with nurses and thematically analyzed. **RESULT(S):** The median mealtime assistance knowledge score increased significantly (Pre: 91.67, Post: 100.00, $p = .002$, effect size = 0.45, interquartile range: 83.3-97.92). The median mealtime assistance behavior score showed significant improvement (Pre: 67.00, Post: 92.00, $p < .001$, effect size = 0.56, interquartile range: 82.33-92.00). Supervising nurses observed enhanced ethical

attitudes and behavioral changes among DCWs during mealtime assistance.

CONCLUSION(S): YouTube-based multimedia learning interventions effectively improved the knowledge, attitudes, and behaviors of DCWs in mealtime assistance for older adults with dementia. Its accessibility and practicality suggest that this approach can be a useful educational model in long-term care settings. Further studies are needed to explore the role of opinion leaders in sustaining and expanding these effects.

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10. Mismatch Between Perceived and Actual Dietary Nutrition in Hospitalized Cardiovascular Patients and Clinicians: A Cross-Sectional Assessment and Recommendations for Improvement.

Authors: Li D.; Han J.; Peng Y.; Yu X.; Xiao Y.; Song J. and Liu, P.

Publication Date: 2025

Journal: Nutrients 17(16) (pagination), pp. Article Number: 2624. Date of Publication: 01 Aug 2025

Abstract: Background: Multiple studies demonstrated that nutritional risk and malnutrition were associated with prolonged hospitalization, extended rehabilitation duration, and increased mortality among patients with cardiovascular diseases (CVD). However, current research on dietary behaviors and nutritional status in hospitalized CVD patients remains insufficient. Objective(s): This study systematically evaluated the concordance between cardiology inpatients' and clinicians' subjective nutritional status assessments and objective energy and protein intake achievement rates, while comprehensively investigating the multidimensional associations among Nutritional Risk Screening 2002 (NRS 2002), Global Leadership Initiative on Malnutrition (GLIM), blood parameters, and dietary intake. Method(s): This study adopted a cross-sectional design to investigate hospitalized patients in the department of cardiology. Dietary knowledge and behavior data were collected through questionnaires, and actual dietary intake was recorded. Nutritional risk assessment and malnutrition diagnosis were performed for all inpatients. Differences between subjective evaluations and actual intake were compared, and the correlation between blood biochemical indicators and nutritional status was analyzed. Result(s): The study enrolled 618 valid cases, with male and female patients accounting for 67.48% and 32.52%, respectively. The patients' age was 61.89 +/- 12.88 years. The NRS 2002 score was 3.01 +/- 0.94, with 132 inpatients diagnosed with malnutrition according to GLIM criteria. Energy and protein intake reached only 63.09 +/- 18.23% and 74.98 +/- 22.86% of target values, respectively. NRS 2002 showed significant correlations with estimated glomerular filtration rate (eGFR), C-reactive protein (CRP), albumin (ALB), etc. No significant difference was found between physician and inpatient evaluations ($\chi^2 = 1.465$, $p < 0.05$). Both ordinal and multivariable logistic regression analyses demonstrated significant discrepancies between subjective assessments (inpatient perceptions and physician evaluations) and objective energy and protein intake levels ($p < 0.05$). Conclusion(s): Hospitalized cardiovascular patients commonly exhibited insufficient nutritional intake and limited dietary awareness. A mismatch existed between patient/clinician perceptions and objectively assessed nutritional intake. Subjective evaluations could not accurately reflect actual nutritional status, necessitating enhanced nutritional monitoring-including nutritional risk screening, biochemical testing, and dietary surveys-along with

personalized interventions. Future efforts should enhance collaboration between clinicians and dietitians to improve patients' nutritional status and clinical prognosis.
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11. Foodservice Models and Nutrition Practices in Spinal Facilities: Insights and Opportunities for Improvement From a Pilot Multinational Survey.

Authors: Morgan I.B.;Wang Y.;Fisher M.;Collins P.F. and Iyer, P.

Publication Date: 2025

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 38(5), pp. e70115

Abstract: INTRODUCTION: Individuals with spinal cord injury (SCI) often experience prolonged hospitalisations and are almost entirely reliant on the foodservices provided by these facilities for their nutrition and hydration needs. However, the impact of foodservice systems and dining models on patients with SCI remains poorly understood. This study aimed to investigate foodservice systems and practices employed across spinal inpatient facilities. METHOD(S): A descriptive, cross-sectional online survey was completed anonymously by purposively recruited dietitians employed in spinal inpatient facilities worldwide. The primary measures included aspects of foodservice systems, dining models and related nutrition practices, such as the nutritional targets of the menu, and other clinical foodservice-related information. Quantitative data were analysed using descriptive statistics, including percentages and frequencies, while qualitative free-text responses were evaluated using conventional content analysis. RESULT(S): Sixteen dietitians from five countries participated in the survey, with the majority representing rehabilitation facilities (10/16; 63%). These facilities reported in-house, cook-fresh food production systems and cafe-style dining models (6/10; 60%). A daily energy target for the menu, ranging from 1500 to 2700 kcal/day, was reported by 12/16 facilities (75%). A daily protein target of 80-110 g/day was reported by 10/16 facilities (63%), while only three facilities (19%) reported having a daily variable saturated fat target. CONCLUSION(S): This novel study provides valuable insights into foodservices within spinal inpatient facilities, highlighting variability in the nutrient goals of menus across different sites. Particularly, the limited focus on saturated fat, despite the elevated cardiovascular risk in this population needs consideration. Future research should explore these issues in a larger, diverse sample and work toward standardising tangible nutrition practices to improve the quality of care and nutritional outcomes. Copyright © 2025 The Author(s). Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.

12. Nutrition: a guide for community nurses.

Authors: Nazarko, L.

Publication Date: 2025

Journal: British Journal of Community Nursing 30(9), pp. 432–438

Abstract: Malnutrition is a serious health issue that affects older people, especially those living with long-term conditions. Targeted nutritional assessment and intervention across all care environments is essential to address this issue. This article explains how ageing, medication, depression and illness can lead to poor nutrition and aims to enable community staff to work with older people to improve nutrition and quality of life.

13. Malnutrition, sarcopenia and nutrition therapy for patients with diabetes - a general framework and focus on hospital care.

Authors: Noronha J.C.;Mechanick J.I.;Barazzoni R.;TarazonaSantabalbina F.J.;Dimosthenopoulos C.;Raben A.;Kendall C.W.C.;Chiavaroli L. and Sievenpiper, J. L.

Publication Date: 2025

Journal: Clinical Nutrition ESPEN (pagination), pp. Date of Publication: 28 Aug 2025

Abstract: BACKGROUND & AIMS: The prevalence of diabetes is increasing globally and is particularly high among hospitalized patients, presenting challenges for inpatient care. While traditional inpatient management emphasizes glycemic control, medication adjustments, and comorbidity management, malnutrition and muscle loss remain underrecognized factors that significantly influence clinical outcomes. This review aims to highlight the role of malnutrition and muscle dysfunction in hospitalized patients with diabetes and to evaluate the potential of medical nutrition therapy (MNT), particularly diabetes-specific nutrition formulas (DSNFs), to improve patient outcomes.

METHOD(S): This narrative review is based on the proceedings of a joint session between the Diabetes Nutrition Study Group (DNSG) and the European Society for Clinical Nutrition and Metabolism (ESPEN). Relevant literature was synthesized to explore the prevalence, pathophysiology, and clinical impact of malnutrition and muscle loss in diabetes, as well as the clinical applications of MNT and DSNFs in hospital and intensive care settings.

RESULT(S): Malnutrition is prevalent among hospitalized patients with diabetes yet frequently goes undiagnosed, contributing to delayed recovery, increased complications, and functional decline. Muscle mass and function are now recognized as key determinants of metabolic regulation and recovery. Recent advances in diagnostic frameworks, including those developed by the Global Leadership Initiative on Malnutrition (GLIM), offer practical tools for the early identification of malnutrition and sarcopenia. Evidence supports the use of MNT, particularly DSNFs, as a strategy to support glycemic control, preserve muscle mass, and reduce complications in both general hospital and ICU settings.

CONCLUSION(S): Malnutrition and muscle dysfunction are important but often overlooked components of inpatient diabetes care. Early identification using validated screening tools, coupled with timely implementation of MNT, including DSNFs, offers a promising strategy to improve metabolic management and clinical outcomes in hospitalized and critically ill patients with diabetes.

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14. Nurse-administered malnutrition screening tool improves access to nutrition care and malnutrition diagnoses.

Authors: Olsen J.;Chew M.;Fawcett J. and Badaracco, C.

Publication Date: 2025

Journal: Clinical Nutrition ESPEN 69, pp. 571–579

Abstract: Background and aims: Malnutrition is common in hospitalized patients. Early identification and treatment can improve outcomes. The objective of the study was to determine the impacts of using a nurse-administered Malnutrition Screening Tool (MST). Method(s): This was a mixed-methods retrospective cohort study of 6163 patients admitted to a VA hospital for at least 48 h and screened for malnutrition risk from May 1, 2018, to March 1, 2020. Data was abstracted from the VA Corporate Data Warehouse (CDW) and electronic surveys were administered to staff RNs and RDNs to evaluate perceptions. Alchemer and Excel were used to collect and assess clinician survey responses and care coordination. Mann-Whitney tests assessed outcome measures of changes in time from admission to malnutrition screening, assessment, diagnosis; number of nutrition assessments completed by RDNs.

Result(s): The time from admission to screening was reduced post-MST implementation [1.0 IQR (0.5, 2.4) to 14.6 IQR (9.6, 19) hours, $p < 0.001$]. The time to assessment increased [20.6 IQR (3.8, 29.5) to 34.1 IQR (16.6, 54.7) hours, $p < 0.001$], but the time to malnutrition diagnosis did not change [34.8 IQR (18.2, 47.8) vs. 28.1 IQR (17.3, 44.6) hours, $p = 0.263$]. The percentage of patients assessed increased from 4.8 % (164/3383) to 25.8 % (717/2780) ($p < 0.001$) and the percentage diagnosed with malnutrition increased from 5.3 % to 11 % ($p < 0.001$). Most registered nurses (RNs) felt that the MST improved quality of care, while RDNs did not. Most RNs reported that the MST was easy to use. The majority of RDNs felt their workflows improved. Both RNs and RDNs agreed that the process change improved collaboration.

Conclusion(s): MST implementation improved overall access to care. Findings from this study can be used to optimize resources to improve clinical workflows.

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15. Effectiveness of an educational intervention on mealtime support needs for people with dementia in residential care facilities: A cluster-randomized controlled trial

Authors: Passos, Lúcia;Tavares, João;Batchelor, Melissa and Figueiredo, Daniela

Publication Date: 2025

Journal: Dementia (London, England) 24(7), pp. 1291–1313

Abstract: Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.; BackgroundPeople with dementia face numerous challenges during mealtimes, including difficulties with food intake, cutlery use, and maintaining attention. These can lead to severe consequences such as malnutrition and aspiration pneumonia, affecting the well-being

of these individuals. **Aim** To determine the effectiveness of an educational intervention in improving mealtime support needs and enhancing the well-being of both individuals with dementia and direct care workers. **Methods** A cluster-randomized controlled trial was conducted in four residential care facilities. The study involved direct care workers and residents with dementia, with facilities randomly assigned to either an intervention or control group. The intervention comprised three weekly 2-hour training sessions, focusing on dementia-related mealtime challenges and practical support strategies. Data were collected at baseline and one-week post-intervention using questionnaires and observational tools to assess caregivers' skills, burnout levels, and job satisfaction, as well as residents' mealtime behavior and food intake. **Results** Direct care workers from the intervention group showed significant improvements in knowledge ($p < .001$; $d = 0.728$) and skills ($p < .001$; $d = 0.842$) compared to the control group. Additionally, there were notable reductions in burnout levels ($p = .001$; $d = 0.466$) and higher job satisfaction ($p = .003$; $d = 0.410$). People with dementia in the intervention group demonstrated better performance at mealtimes. **Conclusion** The educational intervention effectively enhanced direct care workers' abilities to support people with dementia during mealtimes, leading to better outcomes for both caregivers and residents. Implementing such training programs can improve care quality and alleviate challenges in dementia care.

16. Pilot study on the use of a multimorbidity index in patients receiving home parenteral nutrition

Authors: Rothkopf, Michael M.;Pant, Mohan;Rothkopf, Zachary;Brown, Rebecca;Haselhorst, Jamie;Stevenson, Debbie L.;DePalma, Andrew and Saracco, Michael

Publication Date: 2025

Journal: Nutrition in Clinical Practice : Official Publication of the American Society for Parenteral and Enteral Nutrition

Abstract: Background: Home parenteral nutrition (HPN) patients often have multiple comorbidities. A validated multimorbidity index (MMI) could help determine resource needs and risks with HPN. We evaluated MMI scoring to determine if it predicted HPN resource use and outcomes.; Methods: We performed a secondary analysis of 60 HPN patients from a previous study based on Cumulative Illness Rating Scale (CIRS) scoring. We examined three variables: PN formula changes, hospitalizations, and hospital length of stay (LOS). Density plots were produced to select a CIRS score cutoff value. Spearman correlations among the three variables of interest were computed. The data were then subjected to Wilcoxon rank sum tests and negative binomial regression models to determine if the measured variables differed significantly between the groups.; Results: In 60 HPN patients, CIRS scores ranged from 9 to 25 with a mean \pm SD of 17.0 ± 3.85 . Patients with CIRS scores ≥ 17 had higher rates of the three variables than those with CIRS scores < 17 (PN formula changes = 367 vs 297, hospitalizations = 19 vs 12, and total hospital LOS days = 122 vs 100). Although these raw data did not differ significantly, negative binomial regression analysis indicated that the interaction of total hospital LOS and PN formula changes was significantly higher in patients with a CIRS score ≥ 17 than a CIRS score < 17 .; Conclusion: CIRS data from HPN patients showed a trend wherein higher multimorbidity scores were associated with PN changes and LOS. This approach requires further study and validation. (© 2025 The Author(s). Nutrition in Clinical Practice published by Wiley Periodicals LLC on behalf of American Society for

17. ESPEN guideline on clinical nutrition in surgery - Update 2025.

Authors: Weimann A.;Bezmarevic M.;Braga M.;Correia M.I.T.D.;FunkDebleds P.;Gianotti L.;Gillis C.;Hubner M.;Inciong J.F.B.;Jahit M.S.;Klek S.;Kori T.;Laviano A.;Ljungqvist O.;Lobo D.N.;Segurola C.L.;Montroni I.;Reddy B.R.;Saur N.M.;Schweinlin A., et al

Publication Date: 2025

Journal: Clinical Nutrition 53, pp. 222–261

Abstract: Early oral feeding is the preferred mode of nutrition for surgical patients. Avoidance of any nutritional therapy bears the risk of underfeeding during the postoperative course after major surgery. Considering that malnutrition and underfeeding are risk factors for postoperative complications, nutritional therapy is mandatory for any surgical patient at nutritional risk, especially for those undergoing upper gastrointestinal surgery. The focus of this guideline is to cover nutritional aspects of the Enhanced Recovery After Surgery (ERAS) concept and the special nutritional needs of patients undergoing major surgery, e.g. for cancer, and of those developing severe complications despite best perioperative care. From a metabolic and nutritional point of view, the key aspects of perioperative care include: a) Integration of nutrition into the overall management of the patient, b) avoidance of long periods of preoperative fasting c) re-establishment of oral feeding as early as possible after surgery d) start of nutritional therapy early, as soon as a nutritional risk becomes apparent e) metabolic control e.g. of blood glucose, f) reduction of factors which exacerbate stress-related catabolism or impair gastrointestinal function, g) minimized time on paralytic agents in the postoperative period, and h) early mobilization to facilitate protein synthesis and muscle function. The guideline presents 44 recommendations for clinical practice in patients undergoing elective and non-elective surgery, including new recommendations for frailty assessment, sarcopenia diagnosis, and prehabilitation. As in the former ESPEN practical guideline, the recommendations were additionally presented in decision-making flowcharts.
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18. Nasogastric tube nutrition support enhances chemoradiotherapy compliance and alleviates mucosal reactions in nasopharyngeal carcinoma: a 856-case retrospective cohort study

Authors: Zeng, Xiang-Ju;Tang, Yi-Fang;Zhan, Jia-Lai;Li, Yun-Fei and Zou, Fang-Wen

Publication Date: 2025

Journal: Supportive Care in Cancer : Official Journal of the Multinational Association of Supportive Care in Cancer 33(10), pp. 854

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: The study was approved by the institutional review board of the Medical Ethics Committee of Xiangya Second Hospital, Central South University. During hospitalization, all patients were informed that their de-identified clinical and questionnaire data might be used for retrospective

research, and verbal consent was obtained (consistent with the hospital's ethical guidelines for retrospective studies involving routine clinical data). Written consent was waived due to the retrospective nature of the study, as the data were analyzed anonymously without identifying individual patients. Consent for publication: Authors declare each has approved this article to be published. Competing interests: The authors declare no competing interests.; Background: Dysphagia-induced malnutrition is a prevalent complication and critical determinant affecting the progression and prognosis of nasopharyngeal carcinoma (NPC) patients undergoing radiotherapy. This study retrospectively evaluates the efficacy of nasogastric tube nutrition support (NTNS) during NPC radiotherapy.; Methods: A retrospective observational cohort study was conducted on NPC patients who received radical chemoradiotherapy between January 2018 and December 2023, with complete medical records. Clinical and survival data were collected and analyzed to compare outcomes between the NTNS group and parenteral nutrition (PN) group.; Results: A total of 856 patients were enrolled (265 in NTNS group, 591 in PN group). Compared with the PN group, the NTNS group exhibited significantly lower rates of weight loss (2.23% vs. 4.82%, $P = 0.027$), PG-SGA scores (7.36 ± 0.58 vs. 8.65 ± 0.65 , $P = 0.021$), severe malnutrition, grade 2+ oropharyngeal mucosal reactions (77.4% vs. 94.1%, $P = 0.032$), and infections (5.7% vs. 14.1%, $P = 0.028$). Additionally, the NTNS group showed higher levels of lymphocytes ($P = 0.029$), albumin ($P = 0.035$), and triceps skinfold thickness ($P = 0.038$). The incidence of nutritional risk was significantly lower in the NTNS group after radiotherapy ($P < 0.05$). The NTNS group demonstrated a higher concurrent chemotherapy completion rate (92.9% vs. 72.0%, $P < 0.05$), shorter radiotherapy duration, and better post-radiotherapy quality of life as assessed by EORTC QLQ-C30 ($P < 0.05$). No significant difference was observed in short-term therapeutic efficacy between the groups.; Conclusion: NTNS during NPC radiotherapy is associated with reduced weight loss and severe malnutrition, delayed nutritional risk, alleviated radiotherapy-induced reactions, higher chemotherapy compliance, shortened treatment duration, and improved quality of life. These findings support integrating NTNS into standardized nutritional management for NPC patients undergoing radiotherapy. (© 2025. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

19. Navigating Person-Centred Nutrition and Mealtime Care in Rehabilitation: A Conceptual Model.

Authors: Olufson HT.

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Journal: Journal of Human Nutrition and Dietetics 2025;38(3):e70079.

Abstract: The Person-Centred Nutrition and Mealtime Care in Rehabilitation model conceptualises person-centred nutrition and mealtime care through the steps of Nutrition Assessment, Priorities, Intervention, and Monitoring and Evaluation. These steps highlight consumer, team, and organisational factors influencing person-centred nutrition and mealtime care. The representation and communication of these factors within the model were refined with staff and consumers.

Sources Used:

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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