Nutrition and Hydration

Current Awareness Bulletin

December 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)

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1. **Self-perceived skills in the diagnosis of hospital malnutrition, medical knowledge, and interest in nutrition: A cross-sectional study of medical residency programs**

Authors: Cabral, Eduardo Lucio Bittencourt;Moraes Dos Santos, Ana Luiza;Ferracioli, Laura Santos;Turci, Maria Aparecida and Correia, Maria Isabel Toulson Davisson

Publication Date: 2026

Journal: Nutrition

Abstract: Background: Nutrition education remains insufficient in medical curricula, despite its essential role in patient treatment.; Aims: We assessed resident physicians' interest in hospital malnutrition, their self-perceived ability to address it, and their knowledge of basic nutrition topics.; Methods: This multicenter cross-sectional study included medical residents from nine hospitals in Belo Horizonte, Brazil. Participants completed a structured questionnaire on hospital malnutrition, covering demographics, self-perceived knowledge, interest, and objective knowledge. Descriptive analyses included medians, interquartile ranges, and frequency distributions. Comparative and graphical analyses were used to explore knowledge, interest, and perceived difficulties related to nutritional assessment and care.; Results: A total of 100 resident physicians participated in the study. Among them, 61.7% estimated that "Nutrition or Malnutrition" was covered in less than one academic period during medical school. Despite this, most residents rated the "nutritional assessment of hospitalized patients" as highly important (average score of 9.6). However, 73% reported difficulty in recognizing patients at

nutritional risk, and 57% were unfamiliar with nutritional assessment techniques. Additionally, 61% were unable to develop nutritional therapeutic plans. Residents in surgical specialties had more difficulty identifying at-risk patients (93.6% versus 75.4%, P = 0.032). New residents felt more insecure about knowing nutritional assessment techniques (74.0% versus 51.8%, P = 0.035). The average nutrition knowledge score was low (6.02 ± 1.41).; Conclusion: Resident physicians from Brazil demonstrated a high level of interest in hospital malnutrition but most of them reported being unprepared to recognize, diagnose, and plan treatment for malnourished patients. This highlights the inadequacy of nutrition education during both medical school and postgraduate training. (Copyright © 2025 Elsevier Inc. All rights reserved.)

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2. **Mealtime Physiological Responses in Individuals With Eating Disorders and Healthy Controls**

Authors: De Schuyteneer, Emma;Quagebeur, Robin;de Gooijer, Femke;Goris, Annelies;Simões-Capela, Neide;van Kraaij, Alex and Vrieze, Elske

Abstract: Objective: Mealtimes are highly distressing for individuals with eating disorders (ED), potentially reinforcing disordered eating and complicating recovery. Yet, physiological responses during meals remain understudied. This study explores autonomic nervous system responses during meals in individuals with ED and healthy controls (HC). Methods: Three studies assessed heart rate (HR), heart rate variability (HRV), skin conductance response (SCR), and skin temperature (ST) around lunchtime. Study 1 included 47 hospitalized adult women with ED (26 anorexia nervosa (AN), 8 atypical AN, 13 bulimia nervosa (BN)). Studies 2 and 3 involved 47 and 58 HC in daily life. Results: Patients reported elevated subjective stress but showed no expected physiological responses in HR. Instead, HR decreased during meals for all patients and increased after in those with BN. No significant changes were observed in HRV or SCR. No ST changes were observed in AN, while BN showed the expected pre-lunch decrease and post-lunch increase. In HC, HR and SCR rose pre-meal, HRV decreased, and ST increased during meals. Discussion: These findings suggest a mismatch between subjective and physiological stress in ED. Chronic stress or undernutrition may alter autonomic reactivity, although not directly assessed. Future research should investigate how these factors shape physiological stress responses. Highlights: Mealtimes are associated with higher levels of psychological stress in individuals with anorexia nervosa and bulimia nervosa and can be considered as an eating disorder-specific stressor.Despite reporting high stress, physiological stress markers (heart rate variability, skin conductance, and skin temperature) do not clearly indicate a stress response in these individuals.Autonomic nervous system changes observed during lunch in healthy controls are not related to subjective stress.

3. Nutrition Screening and Assessment Tools for Adult Patients with Cancer and Survivors of Cancer: A Systematic Review

Authors: Kring, Sara Klöczl;Beck, Anne Marie;Wessel, Irene;Ustrup, Kim Skov;Dieperink, Karin B.;Zwisler, Ann-Dorthe and Kristensen, Marianne Boll

Publication Date: 2026

Journal: Nutrition & Cancer

Abstract: Malnutrition and nutrition impact symptoms are common during and after anticancer treatment. This systematic review aimed to identify nutrition screening and assessment tools validated in patients with cancer and/or survivors, and to provide an overview. Comprehensive searches were conducted. Covidence was used for reference screening, data extraction, and quality assessment by two reviewers independently. Studies were included if they tested concurrent validity of a tool reporting: sensitivity, specificity, area under the curve (AUC), Pearson's/Spearman's correlation coefficient, or kappa. Data were summarized in tables and described narratively. Of 6,332 screened records, 486 were full-text reviewed, and 98 articles covering 161 validation studies of 47 tools were included. Most articles included mixed cancer diagnoses, followed by head and neck and gastrointestinal cancer; few included survivors. The most frequently validated tools were Nutritional Risk Screening 2002 (NRS 2002), Malnutrition Screening Tool (MST), Malnutrition Universal Screening Tool (MUST), and the Scored Patient-Generated Subjective Global Assessment (PG-SGA). Several reference standards were used. Sensitivity ranged from 6% to 100%, specificity from 11% to 100%, and validity from 'Poor' to 'Good'. The absence of a universal gold standard complicates identification of a superior tool. Nonetheless, rather than ranking tools, this review provides an overview of their validity across different reference standards, offering guidance for clinicians. PROSPERO: CRD42018096678.

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4. Nutritional compliance as a prognostic and quality indicator in the intensive care unit: Insights from nutrition support team-guided therapy

Authors: Park, Soo-Hyun;Lee, Jung Hwan;Shin, Jongbeom;Lee, Sunmin;Lee, Jae Won;Ju, Hyunjin;Lee, Jeong-Yoon and Lee, Kyungbok

Publication Date: 2026

Journal: Nutrition

Abstract: Objectives: Adequate nutritional support is essential in critical care, yet the gap between prescribed and delivered nutrition remains under-recognized. We evaluated whether "nutritional compliance"-the proportion of actual nutritional intake that aligns with clinical recommendations under Nutrition Support Team (NST) guidance- is associated with clinical outcomes in intensive care unit (ICU) patients.; Methods: We retrospectively analyzed ICU patients (n = 79) admitted between April and November 2022 and managed under a standardized NST protocol. Nutritional compliance was defined as the proportion of administered to prescribed energy and protein intake, with ≥70% classified as good

compliance and <70% as poor compliance. The primary outcome was in-hospital mortality. Secondary outcomes included changes in nutritional biomarkers, severity scores, and length of stay.; Results: Among 79 patients, 42 (53.2%) achieved good compliance and 37 (46.8%) poor compliance. Good compliance was associated with shorter hospital stays (26.5 versus 38.4 days, P = 0.049) and improvements in APACHE II and NRS 2002 scores (both P < 0.001). Poor compliance independently predicted higher in-hospital mortality (adjusted OR 3.84, 95% CI 0.995-4.804, P = 0.041). Kaplan-Meier analysis demonstrated lower mortality in the good compliance group (log-rank P = 0.038). Adding compliance to baseline models improved predictive performance (AUC 0.82 versus 0.65). An inverse relationship was observed between compliance and mortality risk.; Conclusions: Nutritional compliance was strongly associated with in-hospital mortality and may serve as a practical quality indicator for ICU nutrition care. These findings highlight the potential role of nutritional compliance as a pragmatic, measurable indicator of care quality in the ICU setting.

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5. Registered nurses' perceptions of food and mealtimes in palliative care: a cross-sectional study.

Authors: Wallin V.;Rosenblad A.;Hagelin C.L. and Klarare, A.

Abstract: Background: Food and mealtimes are fundamental aspects of human wellbeing, both considering physiological aspects of human life and social interactions. Since registered nurses are key caregivers in palliative care, the aim of this study was to explore registered nurses' perceptions of food and mealtimes in palliative care.
Method(s): An exploratory and descriptive cross-sectional, study-specific survey, designed following a systematic review of the literature, was administered online. The study-specific questionnaire consisted of statements about mealtimes in palliative care, and registered nurses were asked to rate the extent to which they agreed with each statement. Using linear regression analysis associations between socio-demographic variables and registered nurses' perceptions were explored. Additionally, one open-ended question was analysed using deductive content analysis.
Result(s): Registered nurses (n = 100) had a mean score of 3.3 on the 4-point scale, indicating agreement with the statements about food and mealtimes. Registered nurses agreed to the largest extent with statements concerning registered nurses' responsibilities (mean score 3.7), and to the least extent regarding food as improving health and well-being (mean score 2.8). Higher age among registered nurses was statistically significant and associated with a lower degree for food and mealtimes are perceived as distressing (P = 0.004) for patients and family. The open-ended question about "what advice would you give a new colleague about food and mealtimes in palliative care?" pertained to the physical (56%), the social (14%), the psychological (9%), and the existential dimensions (4%), palliative care approach was covered by 17% of the text.
Conclusion(s): Registered nurses reported that food and mealtimes in palliative care cause distress for patients and families. They strongly agreed on the importance of addressing issues

around food and mealtimes at the end of life, helping patients and families to understand that it is common to stop eating as death approaches. Advice to new colleagues focused mainly on physical care, with fewer registered nurses offering guidance on psychological, social, or existential dimensions. This study highlights the need for support in adopting a holistic approach to mealtimes in palliative care.

Sources Used:

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

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