

# Nutrition and Hydration

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April 2026

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### 1. Assessing health professionals' knowledge and confidence associated with the use of parenteral nutrition

**Authors:** Ackers, Sarah

**Publication Date:** 2026

**Journal:** British Journal of Nursing (Mark Allen Publishing) 35(8), pp. S16–S20

**Abstract:** Parenteral nutrition (PN) is the provision of nutrients and fluid by an intravenous route via a peripheral or central line, bypassing the gastrointestinal tract. It is used when the gut is non-functional or inaccessible or when there is inadequate oral/enteral nutritional intake. Use of PN is increasing with about 2500 patients in England receiving home PN on a long-term or permanent basis each year, and significantly more receiving PN on a short-term basis in the hospital setting. This article provides a short overview of the use of PN and explores current levels of knowledge and confidence among health professionals based on a recent survey.

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### 2. Impact of multimodal training on nursing staff's competencies in dementia mealtime support: A mixed-methods pilot study

**Authors:** Chang, Hui-Chen (Rita);Tang, Hansen (Cindy);Cheng, Yu (Carrie);Sun, Lei (Tina);Wong, Ivy and You, Wenpeng

**Publication Date:** 2026

**Journal:** Geriatric Nursing 69, pp. N.PAG

**Abstract:** • A structured training program improved nursing staff's knowledge and reduced perceived difficulty in assisting people with dementia during mealtimes. • The intervention combined education booklets, role-playing, and case studies in a real-world aged care setting. • Objective Structured Clinical Examination (OSCE) and thematic interviews provided both quantitative and qualitative evaluation. • Staff reported smoother mealtime interactions and improved awareness of emotional and environmental factors. • Key areas of improvement included communication, early health issue detection, and person-centered care strategies. This study assessed the effectiveness of a structured training program in improving nursing staff's knowledge, skills, and attitudes toward assisting older people with dementia during mealtimes. A mixed-methods design integrating quantitative and qualitative approaches was used. Conducted in a Sydney residential aged care facility, 24 nursing staff participated in face-to-face training involving education booklets, role-playing, and case studies. Pre/post-training assessments included questionnaires, Objective Structured Clinical Examination (OSCE), and semi-structured interviews. Knowledge scores significantly improved post-training (pre- M = 13.83, post- M = 16.54, p .05), participants reported a marked reduction in perceived difficulty when assisting residents (pre- M = 5.85, post- M = 3.75, p <.01). Frequency of using assistance skills slightly decreased (pre- M = 2.75, post- M = 2.25, p <.05), indicating that assisting with eating became smoother or less challenging. Thematic analysis identified four areas of improvement: environmental adjustments, emotional support, early health issue detection, and personalized strategies. Structured training effectively enhances staff knowledge and skills in dementia mealtime care. Ongoing support may be needed to sustain skill application. Emphasis on environment, emotion, and collaboration is key to improving care quality.

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### 3. Associations of chrono-nutrition with sleep and quality of life: The Maastricht Study

**Authors:** Chong, Marvin Y.;Koster, Annemarie;Meertens, Ree M.;Pot, Gerda K.;de Galan, Bastiaan E.;van der Kallen, Carla J. H.;Savelberg, Hans H. C. M.;Bosma, Hans;Simons, Sami O.;Bours, Martijn J. L.;Weijenberg, Matty P. and Eussen, Simone J. P. M.

**Publication Date:** 2026

**Journal:** Clinical Nutrition 59, pp. N.PAG

**Abstract:** Late-night eating may impair sleep quality, with poor sleep negatively affecting quality of life (QoL). As both sleep and eating behaviors are connected to circadian rhythms, interest in "chrono-nutrition", i.e., the timing, frequency and regularity of food consumption, has grown. This study investigated associations between chrono-nutrition and both sleep and QoL in a population-based study enriched with participants with type 2 diabetes. Cross-sectional data from 3463 participants (51 % women, mean age 63.6 years) of The Maastricht Study were analyzed. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (range 0–21, higher scores indicating worse quality), and QoL via the SF-36 mental and physical functioning subscales (range 0–100, higher scores indicating better functioning). Sleep duration and fragmentation were estimated using activPAL accelerometers. Meal frequency and irregularity, time-window of caloric intake, and interval between last meal and bedtime were assessed via a chrono-nutrition questionnaire. Associations with sleep quality and QoL

were analyzed using multiple linear regression; associations with sleep duration (9 h) and fragmentation (0,1 breaks/night) were analyzed using multinomial logistic regression, adjusted for sociodemographic, clinical, and lifestyle factors. Higher meal frequency was associated with poorer sleep quality (B (95%CI), 0.90 (0.33, 1.47) for Q2, 1.02 (0.49, 1.54) for Q3, and 0.68 (0.17, 1.20) for Q4, all vs. Q1), and lower mental functioning (-1.24 (-2.22, -0.25) for Q4vs.Q1). Higher meal irregularity was linearly associated with poorer sleep quality (B: 0.33, 0.20, 0.46) and lower physical functioning (B:-0.43, -0.65, -0.21). A longer time-window of caloric intake was associated with poorer sleep quality (0.57 (0.09, 1.06) for Q3 and 0.49 (-0.02, 0.99) for Q4, vs. Q1) and lower physical functioning (-0.17/hour, -0.32, -0.02). Conversely, a longer time-window between last meal and bedtime was associated with better sleep quality (-0.72 (-1.25, -0.19) for Q2 and -0.85 (-1.31, -0.39) for Q4, vs Q1) and higher mental (0.20/hour longer, 0.00, 0.41) and physical functioning (0.29/hour, 0.11, 0.48). There was no effect modification by glucose metabolism status. Higher meal frequency and irregularity were associated with impaired sleep and lower QoL. A longer interval between the last meal and bedtime may benefit sleep and QoL.

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#### **4. Nutrition support practices in cardiothoracic surgery patients with gastrointestinal complications: An observational study**

**Authors:** Davis, Caitlin;Louis, Rhea;Asser, Imogen;Green, Miranda;Thatcher, Amber;Yadav, Naveen;Sundararajan, Krishnaswamy;Reddi, Benjamin and Chapple, Lee-anne

**Publication Date:** 2026

**Journal:** Australian Critical Care 39(2), pp. N.PAG

**Abstract:** Gastrointestinal (GI) complications following cardiac surgery involving cardiopulmonary bypass are rare but life threatening. Despite GI complications having implications for nutrition delivery, nutrition support practices in this population have not been reported. We aimed to report nutrition support practices in patients with a GI complication following cardiac surgery during their postoperative admission to the intensive care unit (ICU). This retrospective observational substudy was conducted at the Royal Adelaide Hospital between November 2012 and March 2020 on adult patients admitted to the ICU who had cardiac surgery performed with cardiopulmonary bypass and experienced a GI complication. Patient demographics and clinical data were extracted from the primary study. Additional nutrition data, including anthropometrics, route of feeding, nutrition provision, and dietetic consultation, were collected from ICU admission to discharge, censored at day 28. Data were available for 94 patients (age:  $69 \pm 11$  y; 66% male; Acute Physiology and Chronic Health Evaluation II score: 17-20]; body mass index:  $29.0 \pm 6.0$  kg/m<sup>2</sup>). Forty-one patients (44%) were assessed by a dietitian, and 40 (98%) of these had documented energy (1746-2053] kcal/day; 24.3-25.2] kcal/kg) and protein (82.5-90.0] g/day; 1.12-1.20] g/kg) requirements. Forty patients (43%) received enteral nutrition, of whom 92.5% were fed by nasogastric tube and 12% by postpyloric tube. Seventy-nine patients (84%) received oral nutrition, 13% of whom were prescribed oral nutrition supplements. Despite nutritional risk, less than half of patients experiencing GI complications post cardiothoracic surgery were assessed by a dietitian during their postoperative admission to the ICU. Less than half received enteral nutrition support, with few receiving enteral feeds via postpyloric access. While most patients received oral nutrition, few received oral nutrition supplements. Future

research should quantify energy and protein intake in this population as well as the relationship this may have with dietetic intervention.

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### **5. Toward a comprehensive definition of diet quality: perspectives from the Italian Society of Human Nutrition (SINU)**

**Authors:** Dinu, Monica;Martini, Daniela;Lotti, Sofia;Del Bo', Cristian;Scalfi, Luca and Tagliabue, Anna

**Publication Date:** 2026

**Journal:** Nutrition, Metabolism, and Cardiovascular Diseases : NMCD 36(5), pp. 104636

**Abstract:** Aims: Diet quality is a multidimensional concept linked to health outcomes, but its definition varies across studies and cultures. This perspective examines how diet quality is defined in scientific literature integrating evidence from dietary guidelines, diet quality indices, and recent research.; Data Synthesis: Core principles consistently defining diet quality are adequacy, diversity, balance, and moderation. These translate into diets that meet nutrient requirements, include a variety of foods across food groups, ensure appropriate macronutrient distribution, and limit added sugars, salt, and unhealthy fats. Nutrient density and macronutrient quality further refine the concept, with emphasis on unsaturated fats and high-fiber carbohydrates. High-quality diets generally prioritize plant-based foods over animal products. Emerging dimensions extend diet quality beyond health to include environmental sustainability, degree of food processing, and socio-cultural factors such as cultural acceptability, affordability, and equitable access to food.; Conclusions: Diet quality is a holistic construct integrating nutritional health, sustainability, safety, and cultural relevance. It is not limited to a single dietary model, as multiple patterns can achieve high quality when these criteria are met, with the Mediterranean diet as a well-established example. Future evaluations should integrate nutritional, environmental, food security, food processing and cultural indicators. (Copyright © 2026 The Authors. Published by Elsevier B.V. All rights reserved.)

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### **6. Frequency of fluid versus nutrition discussion on rounds in neonatal intensive care units: Is fluid intake a heuristic for nutrition intake?**

**Authors:** Falciglia, Gustave H.;Murthy, Karna and Robinson, Daniel T.

**Publication Date:** 2026

**Journal:** Nutrition (Burbank, Los Angeles County, Calif.) 146, pp. 113107

**Abstract:** Clinicians in the neonatal intensive care unit discuss fluid more frequently than energy and macronutrient (protein, fat and carbohydrate) intake. These findings suggest clinicians use fluid intake as a heuristic for nutrition intake which may lead to nutritional deficits because nutrition concentration varies by source. (Copyright © 2026 Elsevier Inc. All rights reserved.)

## 7. The complex nutrition virtual ward: a nurse-led service innovation to improve safety, efficiency and patient experience

**Authors:** Gibson, Elizabeth;Byrne, Lauren;Mandache, Andriea;Tighe, Ruth;Fisher, Neil and Frost, John

**Publication Date:** 2026

**Journal:** British Journal of Nursing (Mark Allen Publishing) 35(8), pp. S12–S15

**Abstract:** Virtual wards are increasingly used to deliver acute level care in the community. The Complex Nutrition Virtual Ward (CNVW) was established at Dudley Group NHS Foundation Trust to provide specialist community management for patients with complex nutritional needs who would otherwise require prolonged inpatient admission. This evaluation reports activity, safety outcomes and patient experience over the first 3 years of the ward's operation. Admissions rose from 97 in 2023 to 192 in 2024, stabilising at 188 in 2025. Mean length of stay fell from 13 to 8.48 days across the period, while bed-day utilisation increased from 1296 to 1779. Estimated acute bed-day cost avoidance rose from £330 480 to £453 645. No clinical safety incidents were reported, and clinical stability or improvement was recorded in 96% (2023) and 97% (2024) of episodes. Hospital avoidance increased from 51% to 63%. Patient experience remained positive, with response rates of 42%, 11% and 11% respectively for 2023, 2024 and 2025. These findings indicate that a nurse-led virtual ward can deliver safe and efficient community-based care for patients with complex nutrition needs. Prospective data collection and strengthened safety surveillance are needed to support future commissioning and wider adoption.

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## 8. Utilization and effectiveness of nutrition resources in primary healthcare settings: a systematic search and review

**Authors:** Ibrahim, Diane;Harnett, Joanna E.;Krass, Ines;Allman-Farinelli, Margaret and Gelissen, Ingrid C.

**Publication Date:** 2026

**Journal:** International Journal of Pharmacy Practice 34(2), pp. 130–139

**Abstract:** Objectives Healthy nutrition, in addition to medicines, is essential for the management of non-communicable diseases like heart disease and diabetes. Primary healthcare professionals (PHCPs), including pharmacists, are well positioned to provide nutrition advice to patients. However, they also report to be time poor and lack sufficient nutrition education and knowledge. Therefore, access to reliable, evidence-based nutrition educational resources is important for the ability of this essential workforce to deliver nutrition counseling to patients. This systematic search and review aimed to explore brief nutrition resources utilized by PHCPs for patient education, including resource design, content, and outcomes of resource use. Methods A systematic search was conducted across the databases Scopus, Medline, Embase, and CINAHL of studies published in the past 20 years. Key findings Of 1914 papers, 19 papers matched the inclusion criteria. Written, verbal, and digital nutrition resources were utilized in various formats, including pamphlets (n = 14), videos (n = 1),

websites (n = 2), Apps (n = 2), booklets (n = 1), webinars (n = 1), and sheets to record information (n = 1). Three important resource characteristics were identified: (i) specific nutrient and food group advice, (ii) illustrations and population-specific language, and (iii) elements to foster behavior change. Most studies (n = 18) reported positive outcomes, including improved attitudes and patient knowledge about nutrition as well as better self-reported dietary habits and overall health. Conclusion Brief nutrition resources utilized by pharmacists, doctors, nurses, and dentists were effective in delivering nutrition information, resulting in improved self-reported outcomes for patients. In addition, combining written resources with brief counseling increased patient understanding of nutrition information.

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## 9. The Effect of Pre- and Postoperative Nutrition Support on Postoperative Outcomes and Complications in Patients Undergoing Gastrointestinal Surgery: An Umbrella Meta-Analysis

**Authors:** Jiang, Binghui;Hu, Binbin;Wu, Xiaocheng;Qiu, Lijuan and Lin, Boling

**Publication Date:** 2026

**Journal:** Obesity Surgery

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## 10. Parenteral Nutrition in Eating Disorders: A Systematic Scoping Review

**Authors:** Kristian, Yosua Yan;Pratiwy, Fitria Nusa Eka and Wijaya, Veronica

**Publication Date:** 2026

**Journal:** European Eating Disorders Review : The Journal of the Eating Disorders Association

**Abstract:** Background: Eating disorders (EDs), particularly anorexia nervosa, are often associated with malnutrition that requires adequate nutritional support, including parenteral nutrition (PN) in selected cases. This scoping review summarises the existing evidence on the indications, outcomes, and complications of PN in patients with EDs.; Methods: A systematic search was conducted in four databases (Embase, MEDLINE, Global Health, and APA PsycINFO) from inception to 30 March 2026. This review was reported in accordance with the PRISMA-ScR guidelines and registered on the Open Science Framework (<https://osf.io/gqhzj>).; Results: We included 29 relevant studies. Most studies were conducted more than 10 years before this review. PN was primarily used in patients with severe EDs when oral or enteral nutrition was refused or poorly tolerated. PN was associated with weight gain and improvements in electrolyte and micronutrient status. The effects on serum proteins and haematological indices were inconsistent. Psychological outcomes were infrequently reported. The reported complications include elevated transaminases and catheter-related infections. Acceptability data were sparse, with clinicians rarely using PN routinely.; Conclusion: PN has a limited but potentially helpful role in selected patients with EDs. However, this should be interpreted with caution, as recent evidence on PN is limited. Further high-quality studies are needed to provide clearer guidance to inform safe, ethical, and patient-centred practice. (© 2026 Eating Disorders Association and John Wiley & Sons Ltd.)

## 11. Developing and validating a comprehensive nutrition literacy scale for older adults: addressing the modern challenges of nutritional health in the digital era

**Authors:** Li, Qian and Wang, Jie

**Publication Date:** 2026

**Journal:** Geriatric Nursing 69, pp. N.PAG

**Abstract:** • Developed and validated a 21-item multidimensional nutrition literacy scale for older adults, integrating functional, interactive, and critical literacy dimensions. • The scale provides a comprehensive tool to assess older adults' ability to access, understand, evaluate, and apply nutrition information, addressing current gaps in existing measurement tools. • Demonstrated robust psychometric properties, including high reliability (Cronbach's  $\alpha = 0.932$ ) and strong factor structure (CFI = 0.990). • Identified significant literacy gaps between educational subgroups, highlighting the need for tailored nutrition interventions for low-literacy populations. • Contributes to advancing nursing practice by equipping healthcare providers with a practical tool for targeted nutrition education and health interventions in aging populations. Nutrition literacy is essential for healthy aging, yet no validated tool exists for Chinese older adults. This study aimed to develop and validate a multidimensional nutrition literacy scale for this population. A mixed-methods approach was employed, consisting of three phases. In the qualitative phase, semi-structured interviews identified three dimensions: functional, interactive, and critical nutrition literacy. In the scale development phase, a 32-item pool was refined through expert review (content validity index: 0.78–1.00) and pilot testing (Cronbach's  $\alpha = 0.902$ ). In the quantitative validation phase, exploratory factor analysis (EFA;  $n = 507$ ) and confirmatory factor analysis (CFA;  $n = 547$ ) were conducted to assess reliability, validity, and discriminant validity. The final 21-item scale demonstrated excellent psychometric properties. Reliability was high, with Cronbach's  $\alpha = 0.932$ , and test-retest intraclass correlation coefficients (ICCs) ranged from 0.88 to 0.92. Validity was confirmed through EFA, which extracted three factors explaining 67.5% of the variance, and CFA, which showed excellent model fit ( $\chi^2/df = 1.370$ , CFI = 0.990, RMSEA = 0.026). Nutrition literacy increased significantly with education level ( $p < 0.05$ ). This study provides a validated tool for assessing nutrition literacy among Chinese older adults. The scale's robust psychometric properties make it suitable for both research and clinical applications.

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## 12. Assessing nutritional and hydration status in patients with a diabetic foot ulcer: Agreement between hand-to-hand and hand-to-foot bioimpedance methods

**Authors:** Van Dessel, Kristof;Lauwers, Patrick;Verrijken, An;De Block, Christophe and Dirinck, Eveline

**Publication Date:** 2026

**Journal:** Nutrition (Burbank, Los Angeles County, Calif.) 146, pp. 113136

**Abstract:** Objectives: Malnutrition is prevalent among people with a diabetic foot ulcer (DFU) and is associated with impaired wound healing and increased amputation risk. Assessing fat-free mass (FFM) is crucial for diagnosing malnutrition. However, hand-to-foot (HF) bioelectrical

impedance analysis (BIA) measurements are often not feasible due to amputations or ulcerated feet. This study evaluates the agreement between hand-to-hand (HH) and HF BIA measurements in assessing body composition, hydration, and nutritional status in patients with DFU.; Methods: In this cross-sectional study, 164 patients with DFU underwent HF and HH BIA measurements to assess body composition. Malnutrition was diagnosed using the GLIM criteria. Agreement between methods was analyzed using one-sample t-tests, Bland-Altman plots, intra-class correlation, and Cohen's d. Over- or underestimation was defined as deviation >10% from HF values.; Results: Statistically significant but small differences were observed between HF and HH measurements for resistance (P 0.75). The small systematic biases observed were clinically negligible, supporting the use of HH BIA when HF measurements are unfeasible. (Copyright © 2026 Elsevier Inc. All rights reserved.)

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### **13. Co-designing a mealtime intervention integrating Spaced Retrieval and montessori-based activities for people with dementia living in nursing homes**

**Authors:** Yan, Zhoumei;Traynor, Victoria;Halcomb, Elizabeth;Alananzeh, Ibrahim;Zugai, Joel and Drury, Peta

**Publication Date:** 2026

**Journal:** Dementia (14713012) 25(3), pp. 540–556

**Abstract:** Introduction: Eating difficulties significantly impact the nutrition, health, and well-being of people with dementia worldwide. Training strategies, such as Spaced Retrieval and Montessori-based activities, have the potential to enhance the self-eating ability of people with dementia but have not been widely tested. This paper reports the co-design and preliminary testing of the SPREMON (Spaced Retrieval and Montessori-based activities) intervention to enhance mealtime independence and experiences for people with dementia living in nursing homes. Methods: Informed by experience-based co-design methodology, this study used a three-phase approach to intervention development. Three initial sessions were conducted with aged care professionals to develop and refine the intervention. Four pilot sessions were conducted with people with dementia to assess the feasibility and suitability of intervention elements. A final consultation session explored the data and identified barriers and facilitators to successful implementation. While field notes were kept in early sessions, the final session was audio-recorded and transcribed for analysis. Thematic analysis was undertaken with all qualitative data, while observational data are reported using descriptive statistics. Findings: Six aged-care professionals, 3 researchers, and 9 people with dementia participated in the intervention development. The intervention approach was positively appraised for its potential to enhance self-feeding abilities in people with dementia while saving staff time. Participants suggested improvements to the Spaced Retrieval approach by incorporating visual and verbal cues to make it less confrontational. However, challenges regarding the lack of detail and guidance for implementing Montessori-based activities made them difficult to apply without clarification. Additional barriers included staff shortages, engagement difficulties, and scheduling conflicts. Pilot activities highlighted practical considerations for intervention implementation and patient engagement. Discussion and Implications: This study demonstrates that the SPREMON intervention holds significant potential to enhance the self-eating ability of people with dementia living in nursing homes. However, the paper also highlights potential challenges in the implementation.

#### 14. Impact of 3D food printing techniques on waste reduction and personalized nutrition in the digital age: A review.

**Authors:** Bisht A.;Hussain M. and Abdi, G.

**Publication Date:** 2026

**Journal:** Applied Food Research 6(1) (pagination), pp. Article Number: 101867. Date of Publication: 01 Jun 2026

**Abstract:** The objective of this review is to critically analyze recent advances in 3D printing technologies reported between 2015 and 2025, with emphasis on printing techniques, printable materials, process control, and emerging 4D and 5D food printing concepts. This review systematically examines major technological dimensions of 3D food printing (3DFP), including extrusion-based, inkjet, and binder jetting techniques, rheological and formulation requirements of food inks. Emerging concepts such as 4D and 5D printing, along with advancements in material science, suggest that 3DFP will evolve into a more sophisticated and versatile technology. Conventional 3D printing typically produces planar structures with limited mechanical strength and often requires additional support materials to fabricate complex geometries such as curved or overhanging forms. In contrast, 4D printing introduces stimuli-responsive behavior, enabling post-printing morphological transformations. These limitations can be further addressed by 5D printing, which employs three translational motions and two rotational axes to fabricate complex architecture without the need for auxiliary support materials. Despite its potential, 3DFP faces several challenges, including the need for improved printability, consumer acceptance, and regulatory compliance. Nevertheless, this innovative approach offers numerous advantages, such as the ability to create personalized nutrition plans, specialized culinary designs, and more efficient food distribution networks. Additionally, it fosters sustainable procurement methods and contributes to reducing food waste. Overcoming these challenges remains crucial for the seamless integration of 3DFP into mainstream food production. To align with consumer preferences, safety standards, and sustainability goals, on-going research is essential towards a more efficient future. Copyright © 2026. Published by Elsevier B.V.

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#### 15. ESPEN practical guideline on ethical aspects of medical nutrition therapy.

**Authors:** Cardenas D.;Burgos R.;Rothenberg E.;Ballmer P.;Barrocas A.;Bischoff S.C.;Cuerda C.;Genton L.;Gura K.;Hiesmayr M.;Jain A.K.;Klek S.;Poullenot F.;Schneider S.;Schwartz D.B.;Singer P.;Uyar M.;van der Werf M.;Weimann A. and Druml, C.

**Publication Date:** 2026

**Journal:** Clinical Nutrition 60(pagination), pp. Article Number: 106622. Date of Publication: 01 May 2026

**Abstract:** The provision of medical nutrition therapy (MNT) is a medical intervention that requires an indication, a therapeutic goal, and the consent of the patient. The decision-making process surrounding MNT often involves complex ethical considerations. The aim of this guideline is to provide practical recommendations on an ethical approach to the decision-

making process in clinical nutrition. This practical guideline was developed by an international multidisciplinary working group. The practical, solely consensus-based guideline is based on and updates the 2016 ESPEN Guideline on Ethical Aspects of Artificial Nutrition and Hydration, which has been shortened, supplemented with flowcharts, and expanded to include 3 additional ethical statements in palliative care and 1 new statement concerning human rights in clinical nutrition. Two Delphi rounds and a consensus conference were held to reach consensus. The guideline offers a critical summary for clinicians and caregivers regarding the ethics of MNT in special situations, describes common ethical dilemmas, and proposes an algorithm for the decision-making process. The provision of MNT must be undertaken in the patient's best interests, for their benefit, improvement, or cure. MNT should not expose the patient to disproportionate or unjustifiable risks, and must be indicated in line with current scientific data and guideline recommendations. If the benefit seems clear to the health care professional, the MNT must nevertheless be approved by the patient, who must be adequately informed of the aim and consequences. This guideline places particular emphasis on end-of-life issues, palliative medicine, dementia, and specific scenarios such as nursing care and intensive care. In a multicultural and pluralistic society faced with decisions to feed sick patients in special conditions, it is imperative that the reasoning and the course of action in clinical nutrition are presented in accordance with good clinical practice, adhering to ethical principles. Copyright © 2026 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

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## 16. Ensuring adequate nutrition for adults in acute care settings.

**Authors:** Jackson E. and Johnston, P.

**Publication Date:** 2026

**Journal:** Nursing Standard (Royal College of Nursing (Great Britain) : 1987) 41(4), pp. 39–46

**Abstract:** Nutrition is fundamental to human life and a comprehensive knowledge of the body's nutritional needs is crucial for enhancing health and promoting recovery. This article outlines principles of optimal nutrition relevant to nurses working with adults in acute care settings. It provides an overview of metabolism, energy expenditure, nutrients and malnutrition, discusses nutritional screening and explores nutrition impact symptoms commonly experienced by acute patients. The article also outlines the responsibilities of nurses in preventing or managing malnutrition in patients.

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## 17. Guidelines for nutrition in adults with head and neck cancer: The American Society for Parenteral and Enteral Nutrition.

**Authors:** Kiss N.; Findlay M.; Frowen J.; Lewis W.E.; Mills J.; Singh A.K.; Church D.D.; Mey J.T.; Peterson S.; Aguzzi K.; Bellini S.; Coelho M.P.V.; Cordwin L.; Duffy M.; Hager S.; Mundi M.S.; OwenMichaane M.; Price K.; Stanner H.; Storm B., et al

**Publication Date:** 2026

**Journal:** Journal of Parenteral and Enteral Nutrition 50(3), pp. 274–338

**Abstract:** Background: Head and neck cancer represents the seventh most common cancer diagnosis globally. Maintaining sufficient nutrition is important for preventing malnutrition (undernutrition) and muscle wasting, which contribute to worse outcomes, although many patients are unable to maintain adequate oral intake throughout treatment. This guideline provides practice guidance on nutrition care for patients with head and neck cancer.

Method(s): An interdisciplinary team developed key questions and scanned results from a systematic search of the PubMed, EMBASE, CINAHL, and Cochrane Central databases back to 2001. Recommendations were created for key questions concerning timing and duration of nutrition support (early vs delayed enteral nutrition [EN], postoperative feeding, and perioperative dietitian intervention), frequency of dietitian and speech pathology consultations, nutrition screening and assessment, macronutrient requirements, enteral access devices, adjunctive strategies (appetite stimulants and continuation of oral intake alongside EN), specialized nutrients (arginine, glutamine, omega-3, and immunonutrition), and interdisciplinary care.

Result(s): Ninety-two studies were included. Recommendations were made supporting early initiation of EN when oral intake is inadequate, nutrition within 24 h after surgery, weekly consultation with a dietitian during radiotherapy, malnutrition screening and assessment with validated tools, interdisciplinary models of care, dietitian involvement before and after surgery, and when to consider use of specialized nutrients. Recommendations are also provided for protein intake (1.2-1.5 g/kg/day) and energy intake ( $\geq 30$  kcal/kg/day).

Conclusion(s): This guideline provides guidance for the nutrition care of patients with head and neck cancer, identifies research gaps, and calls for standardized outcome reporting to further the state of the evidence. This paper was approved by the ASPEN Board of Directors.

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## 18. Exploring patient experiences of nutrition in gastrointestinal surgery: A qualitative study.

**Authors:** Tepstad A.T.; Waehle H.V.; Haugen A.S.; Harris K.; Storesund A.; Sandsbakk Austarheim A.K. and Tangvik, R. J.

**Publication Date:** 2026

**Journal:** Clinical Nutrition Open Science 67(pagination), pp. Article Number: 100647. Date of Publication: 01 Jun 2026

**Abstract:** Background and aim: Malnutrition increases the risk of postoperative complications in gastrointestinal surgical patients, yet the diagnose is still underrecognized and the condition is undertreated. Patients should be encouraged to take a greater part in their over-all treatment, but little is known about their challenges and expectations of nutritional management when undergoing surgery. The aim of this study was to explore gastrointestinal patients' experience with nutritional management and to identify the barriers that limit their involvement in managing their nutritional status during their surgical pathway.

Method(s): Individual in-depth interviews with 15 gastrointestinal surgical patients were conducted one to four weeks after discharge. Data were analysed using systematic text condensation. Result(s): Gastrointestinal patients expressed confusion and concerns about food choices before and after surgery, to prevent stomach-problems. Information from healthcare professionals was considered reliable, even though inconsistent. The patients trusted their own dietary experiences, common nutritional knowledge, and used online sources to find experiences from patients undergoing similar procedures. However, concerns about illness dominated their attention and reduced their focus on nutritional management. Also, too general information and lack of dietary advice to cope with specific dietary problems were important factors that reduced their nutritional involvement. Conclusion(s): This study suggests that gastrointestinal surgical patients may experience uncertainty about which foods are safe to eat to prevent symptoms related to surgery. Furthermore, concerns about illness and insufficient dietary counselling, appeared to influence their ability to manage their dietary intake and thus nutritional status. These findings indicate a potential need for more individualized dietary counselling to better support patients during perioperative care. Copyright © 2026 The Author(s)

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## **19. Functional nutrition: a non-pharmacological approach to supporting cognitive Health.**

**Authors:** Tultabayev M.; Zhumanova U.; Tultabayeva T. and Shoman, A.

**Publication Date:** 2026

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**Abstract:** This study presents evidence that functional nutrition serves as a nonpharmacological method for supporting cognitive health. Specific nutrients and dietary patterns known for their supportive effects on cognitive ability and neuroprotection, such as omega-3 fatty acids, antioxidants (vitamins C and E), polyphenols, magnesium, B vitamins, and flavonoid-rich foods, are proposed. This study aimed to assess the efficacy of a functional nutrition protocol enriched with omega-3 fatty acids, magnesium, B vitamins, antioxidants, and polyphenols as a non-pharmacological strategy for maintaining cognitive health and alleviating perceived stress. The methodology of this study is based on an interdisciplinary approach that integrates elements of nutritional science and digital behavior analysis to examine the impact of functional nutrition on cognitive functions under conditions of digital overload. The results demonstrate that such targeted dietary interventions offer a promising and specific non-pharmacological means of enhancing cognitive resilience in the context of prolonged and intensive use of digital technologies. Copyright © 2026. The Author(s).

**Sources Used:**

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

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