

Nutrition & Hydration

Current Awareness Bulletin

August 2026

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Service Improvement Case Study: Support at Mealtimes, 2026.

Patient Perspective; 2026.

<https://patientperspective.org/wp-content/uploads/2026/07/Case-Study-Support-at-Meal-Times-May-2026-1.pdf>

[This case study highlights NHS mealtime support schemes, examining in detail the following: 1. Scope and provision of mealtime support schemes. 2. Training and guidance for staff and/or volunteers. 3. Nutrition and hydration initiatives. 4. Dignity and privacy. 5. Measuring effectiveness.

1. 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 34(5), pp. 1250–1272

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. Highlights: There is an uneven temporal distribution of the studies, highlighting a significant knowledge gap in recent evidence-based research regarding the effects of parenteral nutrition (PN) in patients with eating disorders (EDs). Although PN may be beneficial in selected cases, the included studies predominantly focus on outcomes such as weight gain and biochemical parameters, with limited reporting of patient-centred outcomes. There is not enough evidence on the acceptability of PN among patients and carers.

2. Diet and breast cancer: New perspectives on nutrition, metabolism, and immunity

Authors: Li, Ru;Jiang, Xuemei;Lu, Yi;Zhou, Sumei;Chen, Min;Yu, Shurong;Wu, Jijun;Jia, Xinjian;Xie, Daoyuan and Zhong, Xiaoli

Publication Date: 2026

Journal: Metabolism: Clinical and Experimental 183, pp. 156717

Abstract: Breast cancer is one of the most common malignant tumors among women worldwide. Despite the continuous development of various treatment strategies, including surgery, chemotherapy, endocrine therapy, targeted therapy, and immunotherapy, tumor heterogeneity, metabolic adaptation, and immune escape continue to challenge treatment efficacy and may contribute to drug resistance. Recent studies suggest that metabolic reprogramming of tumor cells and the immune status of the tumor microenvironment play a role in the sensitivity of breast cancer to treatment. Diet, as an important regulator of nutrition and metabolism, may influence tumor treatment response through multiple mechanisms. This review provides a concise overview of the potential mechanisms through which dietary factors may influence the treatment sensitivity of breast cancer from the perspective of integrated nutrition, metabolism and immunity. It focuses on the research progress of dietary patterns and natural dietary bioactive components in regulating tumor metabolism, the immune microenvironment, and treatment sensitivity. Furthermore, the gut microbiota may serve as an important mediator connecting nutrient intake, host metabolism, and immune responses, with potential implications for breast cancer treatment response through its metabolites and immunomodulatory effects. In conclusion, dietary intervention and its associated metabolic regulation may provide potential adjunctive approaches that warrant further clinical investigation for the treatment of breast cancer. This review would provide insights for further elucidating key molecular mechanisms and conducting clinical research.

3. Risk, management and future directions for refeeding syndrome and enteral nutrition, an adult and paediatric perspective

Authors: Matthews-Rensch, Kylie and Leake, Julie

Publication Date: 2026

Journal: Current Opinion in Clinical Nutrition and Metabolic Care 29(5), pp. 469–474

Abstract: Purpose of Review The purpose of this review was to summarise recent relevant studies examining refeeding syndrome risk and related outcomes in patients provided with enteral nutrition and discuss considerations for clinical practice and future research. Recent Findings Recent studies investigating enteral nutrition and refeeding syndrome were heterogeneous. With the exception of

physical indicators of nutritional status, there was no agreement across studies regarding commonly agreed upon risk factors including periods of fasting, feeding rates, or specific medical conditions. Comparisons of three different recommended risk criteria had highly variable results in one study. Confounding factors were evident across studies. Management of refeeding syndrome risk is becoming increasingly debated. Recent research has questioned the need for prolonged high thiamin dosages in adult patients with eating disorders. Conservative feeding practices are also called into question when serum electrolyte levels can be monitored and replaced assertively. Summary Clinical practice and research in refeeding syndrome is slowly changing, with a focus on preventing unnecessary and prolonged underfeeding in malnourished patients and in children during critical stages of growth. Future research should ensure risk criteria is specific to the clinical conditions and/or age groups being investigated. Refeeding syndrome and its subsequent management should also be considered along a spectrum, rather than as an all or nothing event. By incorporating these recommendations, research in the field will evolve to advance knowledge and enhance clinical practice

4. Mealtime satisfaction in public nursing homes: Associations with sensory, foodservice, and dining-room environment factors

Authors: Piedrafita-Páez, Nicolás;Romero-Rodríguez, M. a. Angeles and Vázquez-Odériz, M. a. Lourdes

Publication Date: 2026

Journal: Appetite 226, pp. N.PAG

5. The effect of nutrition education interventions on dialysis patients' outcomes: a systematic review and meta-analysis

Authors: Sarmadi, Sogand;Sanaie, Neda and Zare-Kaseb, Akbar

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2660389

Abstract: Background Non-adherence to dietary and fluid restrictions among dialysis patients is associated with adverse clinical outcomes. Quantifying the effectiveness of nutrition education interventions can inform practice and policy. Methods We searched MEDLINE, EMBASE, CINAHL, CENTRAL, PsycINFO, Web of Science, and Scopus up to 15 July 2025, supplemented by trial registries and Google Scholar, with an updated search through 8 April 2026. Eligible studies included randomized and non-randomized trials evaluating nutritional education interventions in adult dialysis populations. Risk of bias was assessed using RoB-2 and ROBINS-I, certainty graded using GRADE, and random-effects meta-analyses conducted alongside subgroup, sensitivity, and meta-regression analyses. Publication bias was assessed with Egger and Begg tests and trim-and-fill where applicable. Results Forty-four studies comprising 4,106 participants were included. Nutrition education significantly improved knowledge (SMD = 1.09; 95% CI: 0.67-1.51) and health-related quality of life (SMD = 1.43; 95% CI: 0.86-2.00; $I^2 = 0\%$), and reduced serum potassium (SMD = -0.52; 95% CI: -0.91 to -0.14; $I^2 = 92\%$) and serum phosphate (SMD = -0.35; 95% CI: -0.56 to -0.15; $I^2 = 81\%$). Results for albumin, creatinine, sodium, calcium, and BUN were inconsistent and non-significant. Most outcomes were rated low or very low certainty by GRADE, reflecting inconsistency, indirectness, and imprecision. Potential publication bias was identified for certain outcomes. Conclusions Nutrition education consistently improves knowledge and quality of life and may modestly reduce serum phosphate and potassium in dialysis patients. High-quality registered trials with standardized outcomes and longer follow-up are needed to establish effectiveness and sustainability. Prospero Registration CRD420251119567

6. The updated recommendations for medical nutrition in the perioperative period: a focus on early oral intake

Authors: Strobel, Rahel Maria;Vilz, Tim;Weimann, Arved and Wobith, Maria

Publication Date: 2026

Journal: Current Opinion in Clinical Nutrition & Metabolic Care 29(5), pp. 482–488

7. Advancing digital nutrition assessment: Development and evaluation of the UK eNutriFFQv2.0

Authors: Weech, Michelle;Fallaise, Rosalind;Franco, Rodrigo Zenun;Sutton, Rachel;Fotiou, Maria;Robertson, Nicole;Hwang, Faustina and Lovegrove, Julie A.

Publication Date: 2026

Journal: Nutrition (Burbank, Los Angeles County, Calif.) 149, pp. 113212

Abstract: Background Digital dietary assessment tools are highly beneficial for nutrition research and personalized interventions. Objective This paper describes the development and evaluation of eNutriFFQv2.0, an updated online food frequency questionnaire designed to reflect current diets in the United Kingdom (UK). Updates included modernized food lists based on recent UK population surveys, food composition tables, and food portion photos to improve accuracy and user experience. Methods To assess reproducibility, UK adults completed the FFQ twice, 14 days apart; validity was evaluated against a 3-d weighed food record in a sub-sample. Multiple statistical methods were used. After excluding participants with unfeasible energy intakes, 87 participants completed the reproducibility and 53 the evaluation. Results The final eNutriFFQv2.0 captured 164 items and estimated intake for 56 nutrients and 6 food groups. Agreement with the WFR was acceptable to good for 25 out of the 29 nutrients analyzed (weighted kappa 0.21-0.77), with $\leq 10\%$ misclassification into opposite quartiles for most nutrients. Bland-Altman plots showed good agreement for energy (176 kcal/d higher in FFQ1) and macronutrient estimates. Reproducibility was good for 24 out of the 29 nutrients analyzed (weighted kappa 0.58-0.85) with $< 5\%$ misclassification. Mean bias for estimates of carbohydrate, fat, and protein was small (0.0-0.7). Energy estimates were 209 kcal/d (10.7%) higher in the first compared with the second completion of the FFQ. Conclusions These findings demonstrate that eNutriFFQv2.0 is a valid and reliable tool for assessing nutrient intake in UK adults, offering a practical, scalable solution for research and public health in the context of digital health and personalized dietary interventions

8. Early nutritional consultation after emergency department MNA-SF assessment in hospitalized malnourished older adults.

Authors: Chen Yu, Po-Hsiang Liao et al.

Publication Date: 2026

Journal: Nutrition (Burbank, Los Angeles County, Calif.), 2026 Oct, volume 150, page 113310

Abstract: Background and Aims Malnutrition is highly prevalent among older adults in emergency settings and is associated with poor clinical outcomes. Delays in nutritional consultation after hospital admission may worsen prognosis. Objective To evaluate the impact of early nutritional consultation initiated in the emergency department (ED) for malnourished older adults identified through Mini Nutritional Assessment-Short Form (MNA-SF) nutritional assessment. Methods In this prospective quasi-experimental study (2021-2022), 1026 older adults (aged ≥ 65) with MNA-SF scores ≤ 7 were enrolled. In 2022, MNA-SF assessment was integrated into the electronic medical record system, and hospitalized patients identified as malnourished automatically received dietitian consultation orders upon admission for early nutritional intervention, whereas the 2021 control group received standard care. Results The mean age was 81.0 ± 8.7 years in the 2021 control group and 78.7 ± 9.7 years in the 2022 intervention group. Intervention group had significant lower days from ED

admission to first consultation ($P = 0.002$) and from hospital admission to first consultation ($P < 0.001$). Intervention group showed significantly shorter days to achieve dietary adequacy (8.1 versus 15.5 days), increased consultation rates (77.6% versus 39.7%, $P < 0.001$), and lower 30- and 90-day mortality and readmission rates ($P < 0.001$). Conclusion Early nutritional intervention triggered by MNA-SF assessment in the EDOA was associated with improved short-term outcomes among hospitalized older adults with malnutrition. Integration of electronic medical record-based nutritional workflows may support timely nutritional intervention in the ED setting. Implications Integrating MNA-SF-based nutritional assessment and automated dietitian consultation workflows into emergency care practice may facilitate timely nutritional intervention and improve short-term outcomes among malnourished older adults.

Sources Used:

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

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