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CLOSING INEQUITY GAPS IN ACCESS TO MEDICAL NUTRITION: A SURVEY TO UNDERSTAND BARRIERS

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Background and importance

According to World Health Organisation (2023)¹, disease-related malnutrition²:

- is an underdiagnosed, undertreated public health problem;
- affects 30-50% of hospital inpatients;
- results in poor health outcomes and higher costs to healthcare systems.

Medical nutrition³ therapy:

- is cost-effective;
- improves health outcomes;
- yet inequity of access to medical nutrition exists in Europe.

Objective

The Medical Nutrition International Industry (MNI) sought to understand the barriers contributing to inequities in optimal nutritional care in Europe and to assess how multidisciplinary care, including pharmacists, supports the delivery of effective nutritional interventions.

Method

An online survey was conducted in 2024 by experts in Croatia, France, Germany, Italy, Poland, Portugal, Spain, Switzerland, the Netherlands and the United Kingdom. Data were quantified and analysed into qualitative themes.

Identified barriers

Where inequities start

1. Disease-related malnutrition screening gaps

- Malnutrition screening is not universally implemented across Europe
- Not universally implemented even where mandated
- Highly variable by medical specialty
- General practitioners were often identified as those with the potential for further knowledge enhancement

2. Knowledge and practice barriers

- Healthcare professionals' knowledge of nutritional intervention is inconsistent
- Limited integration of nutrition into routine care pathways
- Guidelines exist but are not consistently applied
- Expertise mostly hospital based

3. Access to medical nutrition expertise

- Role of nutrition is often regarded as a low priority
- Lack of reimbursement and screening
- Dietitians/nutritionists are mostly present in hospitals and less frequently in other care settings

4. Patient-level challenges

- Low awareness of disease-related malnutrition and medical nutrition
- Misconceptions that nutrition support is only for end of life
- Limited ability to navigate complex and fragmented healthcare systems, resulting in poor care navigation and lack of continuity between hospital, community, and home care settings

Recommendations

Hospital pharmacists can play a key role to:



Contribute to the routine screening of patients for malnutrition risk



Ensure patients receive the appropriate nutritional care based on their nutritional status and medication regimens

Apply guidelines consistently across all conditions and settings

Promote multidisciplinary collaboration to ensure seamless nutritional care



Facilitate implementation of ICD-11 code for malnutrition within the hospital system

Advocate for timely, appropriate nutritional interventions



Educate patients and caregivers on medical nutrition and access pathways

Hospital pharmacists are an integral part of multidisciplinary teams delivering nutrition therapy and can act as drivers of change. Through their roles in therapeutic committees and care coordination, they can help embed medical nutrition into hospital standards and reduce inequities in patient access.

References

¹World Health Organisation. Regional Office for Europe (2023). Disease-related malnutrition: a time for action. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/375033>. License: CC BY-NC-SA 3.0 IGO

²Disease-related malnutrition (DRM): 'A condition from the lack of intake or utilization of nutrients during any disease state, resulting in weight loss, loss of skeletal muscle, physical and mental dysfunctions, and worse clinical outcome.' <https://www.espen.org/images/files/ESPEN-Fact-Sheets/ESPEN-Fact-Sheet-Disease-Related-Malnutrition-DRM.pdf>

³Medical Nutrition encompasses specialised products for nutritional therapy: Oral Nutritional Supplements, Enteral Nutrition (tube feeding via the nose or the gastrointestinal tract), and Parenteral Nutrition (intravenous feeding). The goal of Medical Nutrition is to help patients of all ages to address nutritional insufficiencies arising from a disease, disorder or condition, when they are unable to meet their requirements via normal foods. Medical Nutrition products are to be used under medical supervision. https://www.medicalnutritionindustry.org/content/uploads/2025/11/mni_factsheet_a4_v07_sep_2025_digital.pdf

