



Pre-Budget Submission 2025

1. Extension of malnutrition screening and support
2. Dietitian Posts for Cancer

The Irish Society for Clinical Nutrition and Metabolism (IrSPEN) is a multi-disciplinary professional organisation dedicated to optimising screening for and management of those at risk of malnutrition or other nutritional problems in Ireland, whether in hospital or in the community.

In this submission, IrSPEN recommends that funding be allocated in Budget 2025 for:

1. **The extension of malnutrition screening and supports to the community, particularly for cancer patients and older people living with frailty.**
2. **The appointment of 20 additional Dietitian posts dedicated to cancer patients at €1.9m.**

1. Extension of malnutrition screening and supports to the community

This ask in our submission comes following evidence established in a recent patient survey of malnutrition in public hospitals, launched by IrSPEN in July 2024. This work was carried out with the support of the Irish Nutrition and Dietetic Institute (INDI), which is the professional organisation for registered dietitians in Ireland. The *National Malnutrition Screening Survey Republic of Ireland 2023* is available to view at www.irspen.ie

The survey, was carried out in November 2023, and includes data from 3,662 patients across 26 public hospitals in Ireland. It found an increase in hospital admission malnutrition to 34%, compared to previous surveys in 2011 (32%) and 2010 (28%).

However, it also found a significantly reduced rate of malnutrition in patients in long stay or rehabilitation wards, 21% compared to 36% on all other wards, and also in those admitted from other hospitals rather than from home at 26% compared to 35%. This showed that mandatory national malnutrition screening and treatment protocols introduced in public hospitals in 2020 are working.

The survey identified two main reasons for the increase in malnutrition presenting at hospitals:

1. An increase in age demographic of patients with older people more likely to be malnourished
2. A higher incidence of cancer and more cancer patients at hospitals (22% in November 2023 compared to 16% in 2011), with a cancer diagnosis being associated with much higher rates of malnutrition compared to those without (44% vs 30%).

Health service burden and cost of malnutrition

The level of malnutrition presenting at our public hospitals remains too high and we must expand our response in order to reduce it. It occurs typically because patients have lost appetite due to their illness or disease prior to hospitalisation and have been unable to eat normally – resulting in loss of weight, loss of critical muscle mass, and low intake of key nutrients needed for healing and repair.

When patients are malnourished during an illness it means that that their body is less able to fight disease and respond to treatment. Therefore, recovery is not as good and this affects their healthcare outcome in very real ways, and also places avoidable burden and cost on the healthcare system.

Recommendations

The key recommendation of the survey is to expand screening and treatment for malnutrition to all oncology settings where patients receive care on a day patient or outpatient basis, and in primary care.

A secondary recommendation is a targeted expansion of malnutrition screening and treatment of older people living with frailty, particularly those living alone and requiring home support services.

Currently, there are approximately 56,000 people receiving home support services at any time, and integrating nutritional screening into the home support care package is urgently needed. These patients typically present to healthcare more frequently, and at significant cost due to falls and increasing need for care. In many cases, loss of muscle due to poor dietary intake – malnutrition – is the key factor leading to poorer quality of life, increasing frailty and an increasing healthcare costs.

Screening in Hospitals is Working

A welcome finding in the survey is significantly lower rates of malnutrition in hospital long-stay patients in recent years (21% in 2023 compared to 35% in all other wards), pointing to the impact of the malnutrition screening and treatment protocol introduced in all public hospitals under National Clinical Guideline 22 (a clinical protocol on malnutrition screening and treatment mandated in all public hospitals from 2020).

This points to Ireland bucking the international trend of worsening nutritional status within hospital patients. Ireland needs to build on this positive impact and expand the approach into other settings, targeting those which the survey has identified as most at risk.

Meaning of Malnutrition

There is often confusion regarding the meaning of ‘malnourished’. It can be incorrectly thought of as meaning being underweight or ‘skinny’. However, being malnourished means loss of muscle mass and strength, so a person can be overweight yet malnourished.

The effect of a screening and treatment programme is that patients that are not eating enough protein, energy and other nutrients – required in higher amounts during illness – are identified and provided with nutritional supplementation to achieve an optimal intake of protein, energy and vital nutrients. According to the patient’s needs and ability to eat normally, this may be achieved by supplementing the diet with high protein foods, oral nutrition supplements, or if required, tube feeding or even intravenous nutrition.

The impact of this is significant health gain for these patients – improving resilience, ability to complete treatment courses and enhancing their quality of life. There are also benefits to the

healthcare system as healthier, stronger patients, have fewer complications and better outcomes.

IrSPEN and INDI are available to engage with Government to develop detailed costings, resourcing and a pathway to reduce malnutrition among patients admitting to public hospitals in Ireland – by expanding malnutrition screening and treatment to cancer patients, and also targeting approaches to older people with frailty.

2. Additional Dietitian posts dedicated to cancer patients

The second ask in our submission is that Government allocate €1.9 million for the appointment of 20 full-time Dietitians (and per annum thereafter) to address major gaps in dietetic services and improve outcomes for cancer patients.

Doing so would reduce waiting times and ensure more effective interventions, reduced side effects, reduced hospital stays and a better experience and outcomes for many patients. The benefits of nutritional care integrated as part of cancer care is clinically proven across oncology – and particularly relevant to certain cancer types such as oesophageal, stomach, pancreas, lung, liver, colorectal and during high dose chemotherapy and bone marrow transplantation.

This recommendation includes an additional Clinical Specialist Dietitian in each of the eight adult and one paediatric cancer centres, plus 11 further dietetic posts to ensure full integration of a Dietitian into the multidisciplinary team.

Current resourcing of dietetics in cancer treatment in Ireland is estimated at 30% of the required level to meet ESPEN (European Society of Clinical Nutrition and Metabolism) recommendations.

There are just 34 whole-time-equivalent Dietitians serving the entire national caseload for invasive cancer excluding non-malignant skin cancer (c.25,000 diagnosed per year, 215,000 prevalent cancer survivors), plus six NCCP cancer specialist Dietitians.

This means that cancer patients are vastly under-supported. Additional investment would enable:

- Extension of mandatory malnutrition and sarcopenia (muscle loss) screening to all ambulatory care settings for the delivery of systemic anti-cancer therapy treatment, with rapid access to specialist oncology dietitians for individualised care as required.
- Inclusion of a dedicated cancer specialist Dietitian within multidisciplinary teams across all cancer centres, from diagnosis through treatment and in survivorship.
- Support for patients as they go through the different treatment modalities, including surgery, chemotherapy, and radiation therapy, since specialist dietetic interventions can be highly effective in helping patients manage side effects and complete treatment with reduced complications.
- Resource to allocate dietetic time to day wards and outpatient treatment settings outside the main cancer centres, where the opportunity to see patients at the earliest possible stage linked to screening offer the greatest potential for preventing escalation of weight and muscle loss that increases the risk of chemotoxicity and treatment-limiting side effects.