

Fresenius Kabi solutions for older adults

Food for special medical purposes (FSMP) –
for use under medical supervision.

**Indications
for tube feeds:**
patients with or
at risk of malnutrition

	Fresubin 1000 Complete	<table><tr><td>KCAL (kJ)</td><td>PROTEIN (g)</td></tr><tr><td>(4200) 1000</td><td>55</td></tr><tr><td>CHOL (g)</td><td>LIPID (g)</td></tr><tr><td>125</td><td>27</td></tr><tr><td colspan="2">0.5 EPA+ DHA</td></tr></table> <p>Per 1000 ml</p>	KCAL (kJ)	PROTEIN (g)	(4200) 1000	55	CHOL (g)	LIPID (g)	125	27	0.5 EPA+ DHA		<ul style="list-style-type: none">· Lower energy needs
KCAL (kJ)	PROTEIN (g)												
(4200) 1000	55												
CHOL (g)	LIPID (g)												
125	27												
0.5 EPA+ DHA													
	Fresubin 1200 Complete	<table><tr><td>KCAL (kJ)</td><td>PROTEIN (g)</td></tr><tr><td>(5000) 1200</td><td>60</td></tr><tr><td>CHOL (g)</td><td>LIPID (g)</td></tr><tr><td>140</td><td>41</td></tr><tr><td colspan="2">0.5 EPA+ DHA</td></tr></table> <p>Per 1000 ml</p>	KCAL (kJ)	PROTEIN (g)	(5000) 1200	60	CHOL (g)	LIPID (g)	140	41	0.5 EPA+ DHA		<ul style="list-style-type: none">· Lower energy needs
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	Fresubin 1800 Complete	<table><tr><td>KCAL (kJ)</td><td>PROTEIN (g)</td></tr><tr><td>(7500) 1800</td><td>90</td></tr><tr><td>CHOL (g)</td><td>LIPID (g)</td></tr><tr><td>210</td><td>61,5</td></tr><tr><td colspan="2">0.75 EPA+ DHA</td></tr></table> <p>Per 1500 ml</p>	KCAL (kJ)	PROTEIN (g)	(7500) 1800	90	CHOL (g)	LIPID (g)	210	61,5	0.75 EPA+ DHA		<ul style="list-style-type: none">· Increased protein needs
KCAL (kJ)	PROTEIN (g)												
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KCAL (kJ)	PROTEIN (g)												
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ESPEN Geriatric Guidelines Enteral Nutrition

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7331651 (12/18/AC)



ESPEN 2018 recommendations¹

Recommendation	Grade
Calorie and protein requirements	
Guiding value for energy intake in older persons is 30 kcal per kg body weight per day; this value should be individually adjusted with regard to nutritional status, physical activity level, disease status and tolerance.	B
Protein intake in older persons should be at least 1 g protein per kg body weight and day. The amount should be individually adjusted with regard to nutritional status, physical activity level, disease status and tolerance.	B
Indication for oral nutritional supplements (ONS)	
Older persons with malnutrition or at risk of malnutrition with chronic conditions shall be offered ONS when dietary counseling and food fortification are not sufficient to increase dietary intake and reach nutritional goal.	GPP
Hospitalized older persons with malnutrition or at risk of malnutrition shall be offered ONS, in order to improve dietary intake and body weight, and to lower the risk of complications and readmission.	A
Older patients with hip fracture shall be offered oral nutritional supplements post-operatively in order to improve dietary intake and reduce the risk of complications.	A
Nutritional interventions should be offered to older patients at risk of pressure ulcers in order to prevent the development of pressure ulcers.	B
Nutritional interventions should be offered to malnourished older patients with pressure ulcers to improve healing.	B
When offered to an older person with malnutrition or at risk of malnutrition, ONS shall be continued for at least one month. Efficacy and expected benefit of ONS shall be assessed once a month.	GPP
When offered to an older person with malnutrition or at risk of malnutrition, compliance in ONS consumption shall be regularly assessed. Type, flavor, texture and time of consumption shall be adapted to the patient's taste and eating capacities.	GPP
Daily minimum ONS requirements	
Oral nutritional supplements offered to an older person with malnutrition or at risk of malnutrition, shall provide at least 400 kcal/day including 30 g or more of protein/day.	A
Indication and considerations for enteral nutrition (EN)	
Older persons with reasonable prognosis shall be offered EN if oral intake is expected to be impossible for more than three days or expected to be below half of energy requirements for more than one week, despite interventions to ensure adequate oral intake, in order to meet nutritional requirements and maintain or improve nutritional status.	GPP
The expected benefits and potential risks of EN shall be evaluated individually and reassessed regularly and when the clinical condition changes.	GPP
Older persons with low nutritional intake in the terminal phase of illness shall be offered comfort feeding instead of EN.	GPP
If EN is indicated, it shall be started without delay.	GPP
Older patients who require EN presumably for less than four weeks should receive a nasogastric tube.	GPP
Older patients expected to require EN for more than four weeks or who do not want or tolerate a nasogastric tube should receive a percutaneous gastrostomy/PEG.	GPP
Tube fed older patients shall be encouraged to maintain oral intake as far as safely possible.	GPP

Recommendation	Grade
EN and parenteral nutrition (PN) and hydration shall be considered as medical treatments rather than as basic care, and therefore should only be used if there is a realistic chance of improvement or maintenance of the patient's condition and quality of life.	GPP
In older patients with malnutrition, EN shall start early; it shall be gradually increased during the first three days in order to avoid the refeeding syndrome.	GPP
During the first three days of EN and PN therapy in malnourished older persons, special attention shall be drawn to blood levels of phosphate, magnesium, potassium and thiamine which shall be supplemented even in case of mild deficiency.	GPP
For EN, fiber-containing products should be used.	B
Diabetes and obesity considerations	
In overweight older persons weight-reducing diets shall be avoided in order to prevent loss of muscle mass and accompanying functional decline.	GPP
In obese older persons with weight-related health problems, weight-reducing diets shall only be considered after careful and individual weighing of benefits and risks.	GPP
If weight reduction is considered in obese older persons, energy restriction shall be only moderate in order to achieve a slow weight reduction and preserve muscle mass.	GPP
If weight reduction is considered in obese older persons, dietary interventions shall be combined with physical exercise whenever possible in order to preserve muscle mass.	A
Older patients with diabetes mellitus shall routinely be screened for malnutrition with a validated tool in order to identify those with (risk of) malnutrition.	GPP
In older patients with diabetes mellitus restrictive diets shall be avoided in order to prevent malnutrition and accompanying functional decline.	GPP
Malnutrition and risk of malnutrition in older patients with diabetes mellitus shall be managed according to the recommendations for malnourished older persons without diabetes mellitus.	GPP
Fluid and hydration needs	
Older women should be offered at least 1.6 L of drinks each day, while older men should be offered at least 2.0 L of drinks each day unless there is a clinical condition that requires different approach.	B

Grades of recommendations

- A At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; or a body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results
- B A body of evidence including studies rated as 2++, directly applicable to the target population; Or a body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; or extrapolated evidence from studies rated as 1++ or 1+.
- O Evidence level 3 or 4: or extrapolated evidence from studies rated as 2++ or 2+.
- GPP Good practice points/expert consensus: Recommended best practice based on the clinical experience of the guideline development group

¹ Volkert D, et al., ESPEN guideline on clinical nutrition and hydration in geriatrics, Clinical Nutrition (2018), <https://doi.org/10.1016/j.clnu.2018.05.024>

Fresenius Kabi solutions for older adults

Indications for ONS:

- With or at risk of malnutrition
- Increased energy needs
- Increased protein needs
- Fluid restrictions

		 <ul style="list-style-type: none"> ■ Apricot-Peach ■ Lemon ■ Raspberry
		 <ul style="list-style-type: none"> ■ Cappuccino ■ Chocolate ■ Nut ■ Tropical Fruits ■ Vanilla ■ Wild Strawberry
		 <ul style="list-style-type: none"> ■ Dysphagia indication ■ Apricot-Peach ■ Biscuit ■ Lemon ■ Raspberry
		 <ul style="list-style-type: none"> ■ Apricot-Peach ■ Cappuccino ■ Fruits of the Forest ■ Neutral ■ Toffee ■ Vanilla
		 <ul style="list-style-type: none"> ■ Apricot-Peach ■ Cappuccino ■ Chocolate ■ Lemon ■ Neutral ■ Vanilla
		 <ul style="list-style-type: none"> ■ Dysphagia indication ■ Cappuccino ■ Chocolate ■ Praliné ■ Vanilla ■ Wild Strawberry
		 <ul style="list-style-type: none"> ■ Vanilla-Caramel ■ Hazelnut ■ Mango