LETTER TO THE EDITOR

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C. Matthys^{1,2}, A. Meulemans^{1,2}, E. Joosten^{3,4}, 1. *KU Leuven – University of Leuven, Department of Clinical and Experimental Medicine, Clinical and Experimental Endocrinology, B-3000 Leuven, Belgium*; 2. *University Hospitals Leuven, Department of Endocrinology, Clinical Nutrition Unit, B-3000 Leuven, Belgium*; 3. *KU Leuven – University of Leuven, Department of Clinical and Experimental Medicine, Gerontology and Geriatrics, B-3000 Leuven, Belgium*; 4. *University Hospitals Leuven, Department of Internal Medicine, Division of Geriatric Medicine, B-3000 Leuven, Belgium*. Corresponding author: *Christophe Matthys, DIEET – UZ Leuven, Herestraat 49, B-3000 Leuven, Belgium, TEL: +3216342655, e-mail: christophe.matthys@uzleuven.be*

IS THERE A FUTURE FOR ONS IN ACUTE GERIATRIC WARDS?

Dear Editor,

With great interest we read the paper of Lombard et al (1) about the use of Oral Nutrition Support (ONS) in an acute geriatric ward. The results of this paper and experience from our own initiatives raise the question, whether the current available ONS is the way forward to nourish elderly in the future. In our hospital we conducted a similar study (unpublished data comparing different ONS (low volume, high calorie oral supplement vs high calorie oral supplement vs solid, high calorie oral supplement) in 15 older patients admitted to an acute geriatric ward, who were at risk for malnutrition. In that study we calculated the total daily energy and macronutrient content of the standard meals (energy- and protein dense) offered to the geriatric patients. We found that the mean daily energy and macronutrient content covered the actual needs at each meal occasion. The actual dietary intake however was much lower (mean 1093 kcal/day) in comparison with the recommended energy intake (mean 1540 kcal/day) and was less than half of the mean daily energy content provided during the study period (mean 2344 kcal/d). Moreover, on average they did not consume more than 500 kcal during the different meal occasions. This could partially be explained by a faster satiation process (2) in elderly and the changes in taste and smell perception (3). Although we tried to increase the available energy (= more than actually needed), the restricted number of meal times and their timing is a potential barrier to increase the energy intake. Neelemaat et al (4) have shown

that ONS in long term care or during a three month period can be considered as the malnutrition treatment period (5). In a geriatric ward, providing ONS on top of the daily food provision is potentially only relevant if the ONS has a small volume and is easy to consume (e.g. packaging). However we are convinced that it is time to evaluate other concepts, with a minimal effect on logistics and costs (e.g. protected meal times, food (adjusted to the individual taste perception) availability throughout the day) that enhance the intake from the standard energy-dense diet. Our idea is supported by the latest research agenda proposed by the I-DINE Consortium (6), although the concepts and ideas are not necessarily new (7).

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