infuse™

OCTOBER 2022

STEEP YOURSELF IN INSPIRATION, INNOVATION & DEBATE

FEATURE ARTICLES INSIDE:

+ *Changing the face of hospital food* – Sally McCray and Luke Mangan
+ *Community malnutrition: what can we do?* – Susan Bloomfield-Stone
+ *A walk through history: ASPEN MAW™*
+ *Blenderised tube feeding - a dietitians perspective* – Lina Breik

dietitianconnection®

From the desk of Maree Ferguson

Founder and Director, Dietitian Connection

One of my core values (and that of Dietitian Connection) is collaboration, which involves reflecting on and celebrating our successes. So, I'm taking a moment to revel in all that we've achieved in reaching:

- **Our 10th (yes, 10th!) birthday – more on that in a second.**
- **Our 3rd annual Malnutrition Week ANZ (MWANZ) campaign, which you can learn more about overleaf.**

It's been 11 years since I was having a midlife crisis in 2011, about to turn 40 the following year. I attended the Academy of Nutrition and Dietetics Food and Nutrition Conference and Expo (FNCE®), and Jack Canfield was speaking about his book, *The Success Principles.* I clearly remember him saying that if you write down your goals, they are more likely to come true – and so that day I wrote down that I wanted to start my own business. A short time later, in September 2012 at the International Congress of Dietetics in Sydney, Dietitian Connection (or DC, as we affectionately call it in-house) was born. My goal was – and still is to this day – to inspire and empower young dietitians to achieve their professional dreams... a legacy I hope to leave for the dietetic profession.

When I started DC, I could never have imagined it would become what it is today. More than 40,000 dietitian members across 45 countries make up our dietitian community, and I want to thank each and every one of you, from the bottom of my heart, because you have all played a part in the DC journey.

Thank you to the DC dream team – Dr Jane Winter and Andrea Mortensen (who were both clients first!), Melissa Meier, Tegan Stuckey, Emma Fabian, Emily Fitt, Alicia Mizzi, Sarah Bramah and Angelo De Blasio. I would never have thought 10 years ago that DC would have team members scattered all over Australia in Brisbane, Sydney, Melbourne and Adelaide. I am so grateful to my amazing, talented team for choosing to work at DC. They put their heart and soul into DC and go above and beyond every single day.

A very special thanks to Kate Agnew, who was with DC from 2016 to 2021. Kate made significant contributions to building DC, including starting the DC podcast and conceptualising our inaugural Gut Health Month. I have such special memories of our time together when it was just the two of us in a tiny shoebox office. I still don't know how we managed to pull off major events like Dietitians Unite and Foodsetters all on our own!

When I started DC, I could never have imagined it would become what it is today... I want to thank each and every one of you, from the bottom of my heart...

A special mention also to Laura Byrne who created our Infuse magazine. You are such a talented editor and marketing communicator extraordinaire!

Thank you to past and present members of our scientific advisory board – Judy Bauer, Judi Porter, Katrina Campbell, Ingrid Hickman, Merrilyn Banks, Sandra Capra, Liz Isenring, Shelley Wilkinson, Therese O'Sullivan and Peter Davies. I really appreciate your ongoing advice and support. Some of you have been mentoring me for nearly 30 years!

Thank you to my business mentors – Karen Inge, Sally Evans, Mark O'Brien and my business coach David Brincks. Karen, in particular, who I admire so much, has been a source of strength and a guiding light. You have shared the ups and downs of DC with me, and have been there for me during some of my most challenging times. The highlight will forever be when we got to meet Jamie Oliver together.

And, lastly, thank you to my closest friends and family, especially my sister Jane, for your unconditional love and support. You have been with me on the rollercoaster of DC from the very beginning, and without you, none of this would be possible.

As we celebrate 10 years of connections, we look forward to what the next decade has in store.

Cheers!

Maree Ferguson

Malnutrition Week ANZ

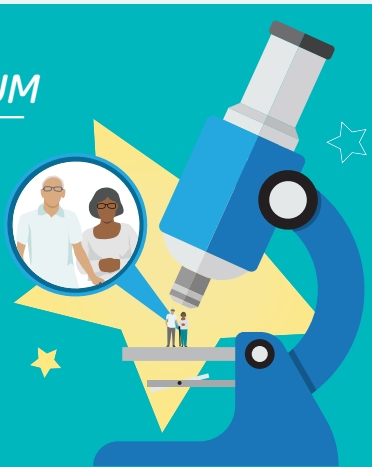
Up to 40% of hospital patients and 50% of nursing home residents are thought to be malnourished.

Malnutrition Week ANZ (MWANZ) is a dedicated time to bring attention to the staggering rates of malnutrition in Australian and New Zealand communities and healthcare settings. It is your opportunity to unite with your colleagues to raise awareness of the important and necessary work being done in the malnutrition space.

While dietitians live and breathe nutrition, they can't be the only healthcare professionals to 'champion' nutrition in hospitals and community settings. That's why the theme of this year's MWANZ campaign is: **Be a nutrition champion!** Don your metaphorical superhero cape and start the conversation with your multidisciplinary healthcare colleagues: **Malnutrition impacts lives. We need to make a difference.**

FREE SYMPOSIUM

Malnutrition under the microscope



CLICK HERE TO REGISTER

Guest speaker panel:

Professor Charlene Compher — *Sally McCray* — *Dr Kelly Lambert* — *Dr Emma Ridley* — *Susan Bloomfield-Stone* — *Emma Rippon*

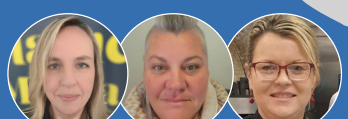
FREE WEBINAR

Collaboration in the kitchen:

Dietitians and chefs working together to improve nutrition in aged care

CLICK HERE TO REGISTER

Guest speakers:



Morgan Pankhurst — *Amy White* — *Angela Hicks*

Keen to get involved? Here's our recommended calendar of activities for 10th-14th October:

Malnutrition Week Monday

- Announce MWANZ to your organisation
- Share facts and figures about malnutrition
- Set up **MWANZ posters** and **screen savers** at your workplace

Taste Testing Tuesday

Invite your multidisciplinary team and food service staff to morning or afternoon tea to sample oral nutritional supplements (ONS) and high protein high energy menu items

Workshop Wednesday

- Attend the **MWANZ Symposium**
- Run your own education session for the multidisciplinary team

Thinking Thursday

- Conduct a **MWANZ quiz** with all staff and offer a prize for the person who gets the most correct answers
- Do a **'Guess your calf circumference'** competition and offer a prize for the person who has the closest guess

Friday Finale

Wrap things up with a table display in a prominent place to share fact sheets, resources and ONS samples, and announce your **'nutrition champion'**.

Plus, your chance to WIN!

Being a true nutrition champion comes from taking action to create change and generate awareness. Share with us your innovative MWANZ activities and you'll have the opportunity to WIN one of four $50 gift cards* or a ticket to Dietitians Unite 2023. To enter, simply share your MWANZ activities on social media with the hashtag **#malnutritionweekanz** and tag **@dietitianconnection****. If you're not on social media, **email us** some photos with permission to share them on our social media channels.

*To Win one of the four $50 gift cards simply align your activity with our daily activity calendar. **Competition closes 11.59pm 14th October 2022. Open to Australian and New Zealand dietitians only. Prize winners will be notified via email or social media and announced on Dietitian Connection channels.

#malnutritionweekanz

Malnutrition Week ANZ 2022 is supported by:

Fresubin® Fuel for Strength | NUTRICIA LIFE-TRANSFORMING NUTRITION | spc care | dietitian connection | AuSPEN | Dietitians NZ Ngā Pukenga Kai Ora o Aotearoa | The Institute of Hospitality in HealthCare

Say hello...

Introducing our new team member: Angelo De Blasio

Business Development Strategist

Above: Angelo visiting Prince's house in Minneapolis.

Tell us about your career and how you ended up in the nutrition space.

To be honest, I kind of stumbled into nutrition! When I was younger, I wanted to work in the music industry (that's me visiting Prince's house in Minneapolis!)... but, turns out, I like sitting in front of the stage more than working behind it. After a short stint working at an arts festival, a university supervisor recommended me for a job at a snack food company developing products for a younger, health-conscious customer base. From there, I was fortunate enough to collaborate on projects with the Australian Netball Diamonds and learn about the important role nutrition plays in elite sports. This began a 15-year love affair with natural foods that took me from my home in Adelaide to working alongside dietitians launching products around Australia, New Zealand, Singapore, China and the US.

What attracted you to working at Dietitian Connection?

Innovation is a core value of Dietitian Connection and it lies at the heart of everything we do. When I returned home from working in the US, I was fortunate enough to collaborate with Maree on the Dietitian to Dietitian webinar series and I knew this was the perfect place to evolve my skillset while helping the team inspire, ignite and advance the dietetic profession.

infuse

STEEP YOURSELF IN INSPIRATION, INNOVATION & DEBATE

PUBLISHER: Dietitian Connection
EDITOR: Melissa Meier
DEPUTY EDITOR: Sarah Bramah
ART DIRECTOR: Emma Fabian
DIRECTOR AND ADVERTISING CONTACT: Maree Ferguson, maree@dietitianconnection.com

HOW TO REACH US:
EMAIL: info@dietitianconnection.com
PHONE: (07) 3118 1794
MAIL: PO Box 120, Mt Gravatt QLD 4122

OCTOBER

Step *inside:*

Dietitian Connection has been inspiring and emp
dreams since 2012. Here's some

3

Three amazing **Malnutrition Week ANZ** campaigns

4

Four Australian state
represented by the Diet
Connection workforc
(QLD, NSW, VIC & SA)

2

Two successful **Gut Health Month** campaigns

1

One meeting with **Jamie Oliver**
(A dream come true!)

Celebrati

10

conne

dietitian

Numbers at a glance:

45
COUNTRIES REPRESENTED IN OUR COMMUNITY

43,400
GLOBAL MEMBERS

132
WEBINARS HELD

powering dietitians to achieve their professional
of our proudest achievements:

5

our newest webinar

Five innovative
Dietitian to Dietitian
episodes

6

Six **core** Dietitian
Connection **values**

(Inspire, Innovate, Collaborate, Debate, Excellence & Lifelong learning)

ng

years
of

ections

connection®

7

Seven team
doggos (+ one cat)

8

Eight inspiring
Dietitians Unite events

9

Nine current **staff members**
in the DC *'dream team'*

142
PODCASTS RELEASED

2,060
COMMUNICATIONS TO OUR MEMBERS' INBOXES

54
PATIENT RESOURCES DEVELOPED

Images courtesey of www.mater.org.au

Changing the face of hospital food: Sally McCray and Luke Mangan

Australia's first celebrity chef hospital menu

Sally McCray *is the Director of Dietetics and Food Services at Mater Group in Brisbane, Australia.* ***Luke Mangan*** *is a leading Australian restaurateur and chef who has partnered with the Mater Group to bring healthy, high quality restaurant food to patients.*

Sally, tell us about the Mater's partnership with Luke and what you were really wanting to achieve through it.

In 2013, we were the first hospital in Australia to introduce room service as a food service model. Patients can order what they feel like, when they feel like it, from an à la carte menu. This has led to significantly improved nutritional intake and patient satisfaction, and reduced food waste and costs. We wanted to take it to the next level, and we were really interested in working with a celebrity chef. I had known about Luke and his successes in challenging food service environments like planes, trains and cruise ships, so I thought he'd be a good fit. So at the beginning of 2021, we were the first hospital in Australia to partner with a celebrity chef to introduce restaurant-style menus to our patients. It's been really well received.

Luke, tell us why you wanted to move into the healthcare space and what the menu roll out looks like.

Initially, it wasn't something I jumped on board with, but once I met Sally and understood her vision, I thought it was a great opportunity to make a difference and maybe set a path for others to follow. It's a fantastic relationship.

We're really focusing on healthy, light food. They're dishes you can have in our restaurants and we add Sally's touch, which makes it even better. It varies from vegetarian to chicken, fish and meat. Now we're working closely on more plant-based options as well. The beauty of it is it's cooked to order.

Luke, how have you found working in the hospital setting? Have there been any challenges?

It's no different to what we do in our restaurants – that's why it works. We pick the fresh produce, cook it and serve it. There's no been no challenges, it's just about adjusting things we do in the restaurant, like reducing the portion size or removing some salt or sugar. Once we've made those changes to our recipes, we serve them like that in the restaurants as well, because it doesn't really affect the end product. It actually makes it even better.

It's well and truly time food is given its place in the hospital hierarchy and treated as a part of the care model in clinical treatment.

Image courtesey of www.mater.org.au

How has it been working together?

Sally: It's been fantastic working with Luke. He hadn't worked with dietitians or in healthcare before, so one of the biggest things was communicating the restrictions we have in terms of menu standards. We have a lot of different therapeutic diets – on average, we have about 86 different diets that we have to cater for! But Luke has been incredibly supportive of this and interested in understanding our environment. Luke just takes on the barriers head on and wants to work together to solve them.

Luke: Chefs can be very difficult creatures, but it would never work if I challenged Sally. It's not about my ego as a chef, it's all about making the best possible food for the patient, which is great.

Sally, how do you go about the menu development process?

It's quite a long process. We normally start off with a theme or direction that we want to take to Luke and ask for a certain number of recipes, and he comes back with his suggestions. Then, we work with our executive chef to see if Luke's recipes will work from a production point of view, and our clinical food service dietitian to see if the recipes are suitable from a dietary perspective. We'll run it through our menu compliance system, and that's when we start to go back and forth with Luke to tinker with the recipes until they're right. Luke then tests them again, we do a plate up session and work to make sure the meal arrives to the patient the same way it left the kitchen.

Luke, what would be your advice to other chefs who might want to get into the healthcare arena?

I think you've got to have an open mind and make sure the team you're working with are on board. You've got to be adaptable and understand it's not just about your food –it's about the whole experience of it and how it's delivered.

And Sally, what's your advice to other dietitians who want to go down your path?

Just do it. So many people think it's such a hard thing to do, and I'm not saying it's easy, but it's so achievable. If I can betray my own profession a little bit – dietitians have a tendency to really focus on the nutrition, which is great, but they do need to understand the drivers from the production and kitchen side of things, too. The food service team are very aware of budget and cost constraints, and sometimes I think dietitians find it difficult to understand this. So my advice to dietitians, if they haven't already, is to spend time in the kitchen. We're all bound together by the same passion for food, so start to collaborate with chefs to understand how they work. I think it's also having that trust to be able to have really robust conversations so you can work through things and understand each other.

Communication is the key to success.

What does success look like when it comes to the food offering in the acute care hospital setting?

Sally: If you look at the food service and the patient experience holistically, and focus on the end goal being a good patient experience, a lot of the other key drivers fall into place. If the patient is happy, they tend to have better nutritional intake and there is less food waste, so you see a reduction in food costs. Success to me is a combination of all those things.

Luke: Longevity. You can't just do one thing and walk away. You've got to be consistent at serving a great product. Yes, it's good when you get accolades along the way, but you shouldn't look for accolades. You should reward the teams under you and have fun with it.

Images courtesey of www.mater.org.au

A lot of dietitians are probably thinking 'this sounds expensive!' – has it actually resulted in reduced costs?

Sally: Absolutely. The reductions you see in waste flow onto reductions in costs. We've seen about a 20–25% reduction in food costs over the years since we've implemented room service, and that's the case for reinvesting that money into higher quality food for patients. Food is not just a nice-to-have in the healthcare setting, it's part of clinical treatment and is just as important as medications, blood products, surgery, chemotherapy...

Luke: Getting a chef involved is not going to affect the food cost. Yes, chefs do fancy stuff in restaurants, but food just needs to be simple and cooked well. We don't need to use truffles, foie gras and caviar! Most chefs are cost conscious already.

So where to from here?

Sally: We have always designed our successive Luke Mangan menus focusing on the nutritional and environmental benefits of using local and seasonal produce. And so, our latest menus are using produce that we have grown in our own kitchen gardens – you don't get much more seasonal and local than that! We have partnered with Vegepod to install indoor kitchen gardens growing micro herbs and greens. We have also installed some outdoor Vegepods which we are using to conduct a pilot research project looking at the nutritional and mental wellbeing benefits of edible gardens. Our pilot group consists of nutrition and foodservice staff, and we are hoping that our findings will assist us in rolling out a larger project that includes a broad range of healthcare staff.

LEARN MORE:

www.mater.org.au/health/services/
www.lukemangan.com
www.mater.org.au

@sally-mccray
@lukewmangan

spc care

Better care through high quality, nutritious meals

the Good Meal Co™

spc ProVital®

spccare.com

Contact us: 1300 641 190 | spccare@spc.com.au

Community malnutrition: what can we do?

There's been an extraordinary focus recently on food and nutrition within the aged care setting because of the Royal Commission, which is incredible. We do know, however, that the vast majority of older adults live in the community, and they face many of the same risk factors for malnutrition as hospital patients: health conditions, cognitive and physical decline, appetite changes, food insecurity and social isolation. So, what can we do? We interviewed dietitian Susan Bloomfield–Stone to find out.

What is your current role and how did you end up in it?

I went into dietetics knowing I wanted to work in hospitals and help sick people eat and get better. After graduation, I landed a couple of locums in major tertiary hospitals and then came a permanent position. I took a career break to have my kids, and while I had intended to go back to work soon, my plans were really thwarted when one of my kids got very sick.

Susan Bloomfield–Stone is an Accredited Practising Dietitian currently working in the Aged Care and Rehabilitation Malnutrition Intervention Clinic at Concord Repatriation General Hospital in Sydney, Australia. She has a wealth of clinical experience across a variety of medical specialty areas and has spent her career working in several different metropolitan tertiary teaching hospitals. Susan has a profound interest in patient and family centered care and is committed to helping her patients achieve their nutrition goals through a combination of evidence–based practices and a nurturing holistic care approach.

We lived in the children's hospital for over a year and that experience showed me firsthand the difference between a good clinician and an amazing one who is driven by their genuine, quality, patient-focused care. It made me decide that I didn't want to be a tick-the-box dietitian, but a dietitian who really had an impact on people. The malnutrition intervention clinic role came up, and I'm still there today – and I love it.

How did the Malnutrition Intervention Clinic come about?

The clinic itself was created in 2014 by Suzanne Kennewell, who had a vision of a clinic with a sole focus on addressing malnutrition within older, community-dwelling people. She was awarded a funding grant and the clinic has now been going for almost eight years. Our clients need to be living in the community, over 65 years of age and malnourished or at risk of malnutrition. Our referrals come primarily from the hospital and local geriatricians, but also local specialists, general medical staff and GPs who are concerned about a patient's unintentional weight loss, poor appetite or frailty. The clinic is unique in that we really try to recognise the challenges that many older people have in getting out to appointments – we have longer appointment times, we have a driver service to individually pick up and take the patient home and, before COVID, we had tea, coffee, biscuits and sandwiches there for the patients.

What are the common challenges you see for older adults and nutrition, and what are some of your strategies to combat them?

1

Identifying malnutrition.

We need to continue education about malnutrition and why identifying it is so important. It's sad to see something preventable go undetected.

2

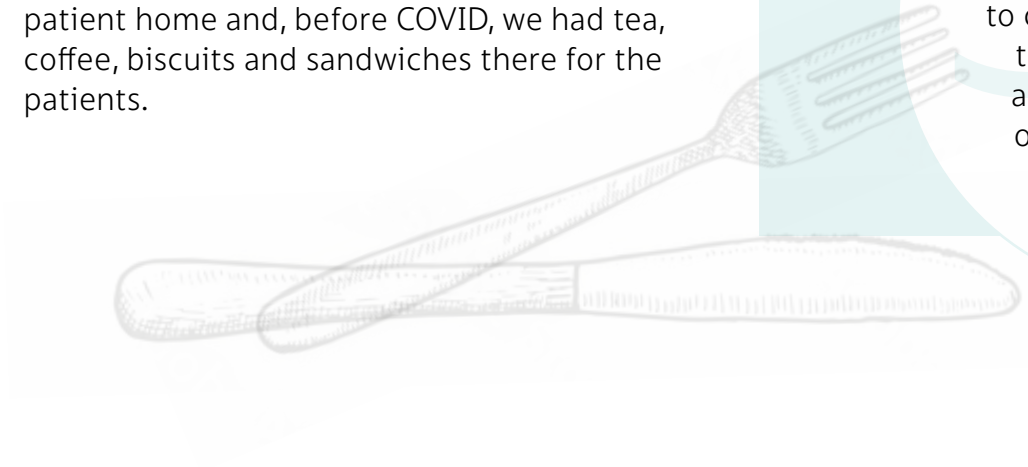
Unravelling the legacy of diet culture.

In the context of malnutrition, we need to try and get older people to see different rules for different situations. It doesn't matter if they have sugar!

3

Reframing.

Peoples' eating habits need to change as they progress through life. As people age, they need to focus on different nutritional priorities.



Follow up.
Malnutrition is a wicked, complex problem. It requires significant case management and follow up.

Competing comorbidities.
People don't realise that malnutrition needs to be the priority above almost all other things.

Measuring nutrition outcomes.
I collect a lot of outcome measurements to try and show how our nutritional intervention is helping.

I start by making sure they really understand what malnutrition means.

The term 'malnutrition'.
It's associated with feelings of neglect and failure, so I start by making sure they really understand what malnutrition means – it's not anything they've done, but a complex problem we need to address for a multitude of reasons.

The emotional drain of dealing with the hard issues of life.
Food insecurity, carer stress and exhaustion, dementia, loneliness, social isolation... it's really hard.

Do you find your patients are open to making the changes you recommend?

I think it's really important to establish their motivation point. Why are they here? What is their goal? Do they just want a little bit more energy to play with the grandkids? Do they want to stay out of a nursing home? Is it that they don't want to be a burden on anyone? I collect a lot of data on this and we get some great results when we compare people from their initial appointments with their review appointments. They are a motivated group.

What would your key pieces of advice be to a dietitian working with this client group?

1. **Don't underestimate the complexities of malnutrition.** Adopt a holistic approach and look for everything – sometimes, it's the things that are easy and obvious that get missed by everyone.
2. **Take time to establish rapport.** Spend the first five or 10 minutes looking at photos of the grandkids, talking about the dog, where they're living... if you can build a trusted relationship, you're halfway there.
3. **Respect and validate what they know.** They've often done the cooking in their house for longer than you've been alive! Tell them you're not professing to be the absolute expert, but that you are there to help them at this particular point in time.
4. **Revisit the client's goals** – they may be very different to what you identify.
5. **Food first is fabulous, but jumping in with supplements can also be appropriate.** It means you understand a patient's needs and you're individualising their care in the best possible way.
6. **Link patients in for follow up.**

That's how we're going to address community malnutrition – one person at a time.

Fresubin®
Fuel for Strength

Fresubin® PRO Drink

Formulated to meet global nutritional guidelines to address malnutrition, sarcopenia, frailty and osteoporosis, all in one delicious EasyBottle

480kcal Energy (2.4kcal/ml)*

- 480kcal/bottle to provide the minimum effective dose and improve compliance to recommended intake of energy in one bottle[1,2]

10µg Vitamin D*

- 15-20µg per day is recommended for adults of 65 years or over**[3,4]
- In combination with the high protein and high calcium content it is especially suitable for frail patients[5]

700mg Calcium*

- 750 – 900mg per day is recommended for adults of 65 years and over[6]

28.8g High Quality Milk Protein*

- 25 – 30g of protein is the effective dose to maximally stimulate and sustain muscle protein synthesis in malnourished patients with increased needs[7]
- 2.8g leucine/bottle: 2.5 – 3g leucine is recommended per meal to maximally stimulate and sustain muscle protein synthesis in malnourished sarcopenic patients[7]

200ml EasyBottle*

- High nutrient density in a lower volume may help improve compliance[8]

Recommended daily intake for supplemental nutrition: 1-2 bottles.

*Per bottle 200ml **Under conditions of assumed minimal cutaneous vitamin D synthesis. References: **1.** Volkert D, et al. Clin Nutr .2018;doi.org/10.1016/j.clnu.2018.05.024. **2.** Hubbard GP. et al. Clin Nutr 2012; 31(3): 293-312 **3.** EFSA NDA Panel. EFSA Journal 2016;14(10): 4547, doi: 10.2903/j.efsa.2016.4547. **4.** D-A-CH: ReferenzwerteFur Die Nahrstoffzufuhr; 2018. **5.** Morley JE, et al.J Am Med Dir Assoc. 2013;14(6):392-7. **6.** EFSA NDA Panel. EFSA Journal 2015;13(5):4101, 82 pp. doi:10.2903/j.efsa.2015.4101 **7.** Paddon-Jones D, Rasmussen BB. Curr Opin Clin Nutr Metab Care. 2009;12(1):86-90. **8.** Hubbard GP, et al. Proc Nutr Soc. 2010; 69(OCE2):E164.

FRESENIUS KABI
caring for life

Fresenius Kabi Australia
Level 2, 2 Woodland Way
Mount Kuring-gai NSW 2080
Phone: 1300 732 001
Fax 1300 304 384
strengthHEN.com.au

Fresubin.com.au/prodrink
Explore the online content of the Fresubin PRO Drink for detailed information.

PM2022.1471
Published: August 2022

A walk through history:

ASPEN Malnutrition Awareness Week™

This year marks the **10th anniversary of ASPEN's Malnutrition Awareness Week™ (MAW)**, and Dietitian Connection is proud to be an official partner.

Peggi Guenter, *PhD, RN, FASPEN;* ***Pat Anthony,*** *MS, RD, FASPEN*
American Society for Parenteral and Enteral Nutrition

This year, Malnutrition Awareness Week™ (MAW) reached more than 230 million people around the world. It is only as a global community that we can address malnutrition and progress toward prevention and intervention. Here's the story of how it all started.

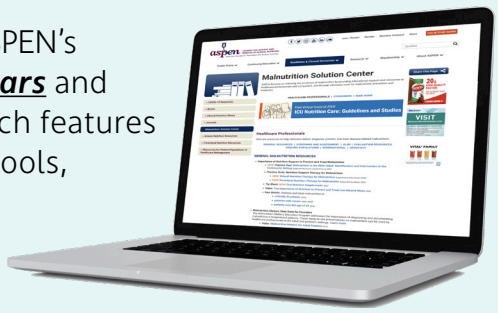
What is the purpose of MAW?

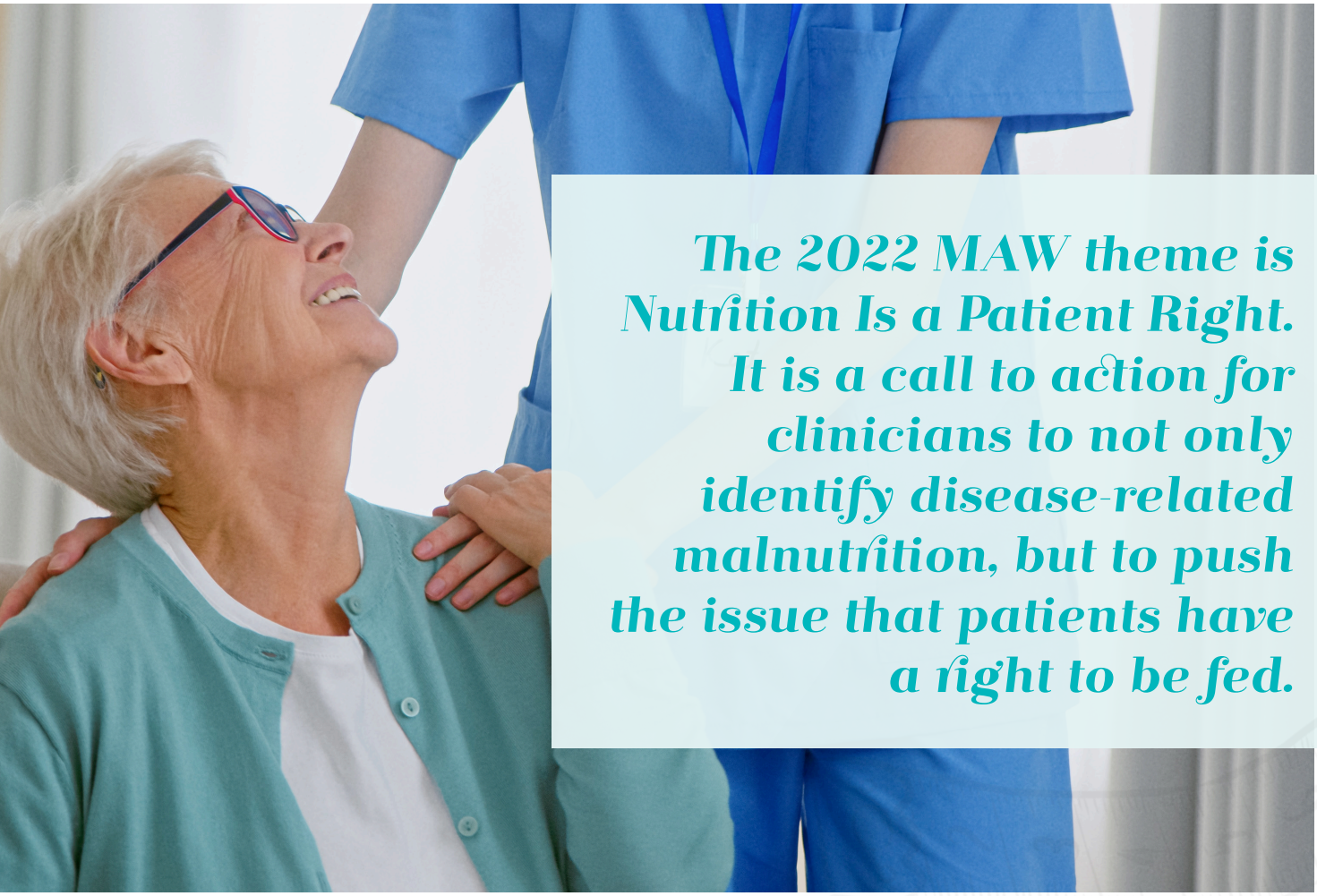
In 2009, the American Society for Parenteral and Enteral Nutrition (ASPEN), an international professional healthcare organisation whose members provide clinical nutrition therapies, recognised the need for greater awareness of malnutrition. The challenge ASPEN faced was how to raise malnutrition awareness in healthcare professionals and educate them on malnutrition intervention and treatment. Critical, too, was educating the public to talk to their healthcare providers about their own nutrition status.

In 2012, ASPEN's MAW was born and included two continuing education webinars and a podcast for clinicians. The campaign has seen incredible growth since its beginnings, including joining ***Defeat Malnutrition Today*** in 2014, a coalition to defeat malnutrition in older adults through advocacy and federal policy work. Today, ASPEN invites other healthcare and consumer organisations to join in their efforts. This mode of outreach formed the MAW Ambassador program that now includes 158 clinical, advocacy and community organisations from around the world.

Malnutrition is common in hospitalised patients and is associated with longer stays, increased costs, higher frequency of readmissions, and higher rates of in-hospital deaths.

Healthcare professional education is the cornerstone of ASPEN's Malnutrition Awareness Week. This is done through ***webinars*** and resources in the ASPEN ***Malnutrition Solution Center,*** which features nutrition screening and assessment information, practice tools, videos, and more for clinicians. There is also a consumer section that has easy-to-understand tools for patients, families, and caregivers.





The 2022 MAW theme is Nutrition Is a Patient Right. It is a call to action for clinicians to not only identify disease-related malnutrition, but to push the issue that patients have a right to be fed.

What have ASPEN learnt through 10 years of MAW?

- **One size does not fit all.** Providing a variety of educational offerings is essential. On-demand videos and easy-to-use practice tools are most useful for healthcare professionals.
- **Organisations around the world are very engaged in MAW.** Almost 30% of ambassadors are outside the US.
- **Peer-to-peer messaging is powerful.** Members and ambassadors reach wider audiences using ASPEN's ready-made social media posts.

What are the ongoing challenges of MAW?

The ongoing primary challenges of MAW are:

1. Determining how to reach those outside the nutrition field, and
2. Engaging other clinicians who may not be educated or trained in nutrition but impact nutrition care

LEARN MORE:

www.nutritioncare.org/maw/ @aspen_nutrition @ASPEN_nutrition

@nutritioncare.org @nutritioncare.org/podcasts @nutritioncare.org

MALNUTRITION AWARENESS WEEK™

NEW

MALNUTRITION:
DON'T WAIT to INTERVENE
with a LOW VOLUME READY-TO-DRINK ONS

Make the Fortisip Compact range your first line choice, now offering a **standard, fibre** and high **protein** option.

High Calories

High Protein Option

Low Volume

Fibre Option

* The Fortisip Compact range is available Australia wide. Only Fortisip Compact Protein is available in New Zealand.

For product information contact **Nutricia Careline** AUS: 1800 438 500 (Weekdays 9am-5pm AEST) | NZ: 0800 438 500 (Weekdays 9am-5pm NZT)

Fortisip Compact, Fortisip Compact Fibre and Fortisip Compact Protein are Foods For Special Medical Purposes and must be used under medical supervision.
Nutricia Australia Pty Ltd. Talavera Corporate Centre, Level 4 Building D, 12-24 Talavera Rd, Macquarie Park NSW 2113.
Nutricia Ltd, Level 1, 19 Morgan Street, Newmarket, Auckland 1149.
Please visit www.nutricia.com.au to view our privacy statement.

NUTRICIA
LIFE-TRANSFORMING NUTRITION

FOR HEALTHCARE PROFESSIONALS ONLY

Blenderised tube feeding: a dietitian's perspective

Lina Breik is a Senior APD with a decade of experience in clinical nutrition working across several hospitals. In 2019, she founded *Tube Dietitian*, an NDIS registered private home enteral nutrition (HEN) service. Her team has looked after 50+ people with home feeding tubes. Lina is commencing a PhD at Monash University to explore the experiences of adults living with a feeding tube and describe the effectiveness of existing HEN care delivery systems in Victoria.

What piqued your interest in blenderised tube feeding (BTF)?

After venturing into community dietetics two years ago to work with people who are home tube fed, I quickly realised I was going to have to learn all about BTF – and even be an advocate for it. Within the first two months of my website going live, someone with cancer and a feeding tube contacted me for a vegan-friendly, nutritionally adequate BTF. I felt like a new graduate all over again after working in the acute setting for 10 years, so I approached Claire Kariya, a Canadian dietitian and expert in blenderised tube feeding, to be my mentor.

Images courtesy of www.naturaltubefeeding.com, a dietitian-led blenderized tube feeding resource website

Food is a love language, it defines cultures, it's a part of all our social interactions. Tube food is no different.

Is BTF for everyone?

I want to make it very clear that I don't think BTF is better than commercial formula, and I don't think commercial formula is better than BTF. Commercial formulas were my bread and butter when I was a clinical dietitian in critical care and surgical wards, but people living at home on a feeding tube want to sit at the dinner table with the rest of the family and blend dinner down their tube, and there is nothing wrong with that. Common reasons for BTF are:

- It is more natural
- People like eating what their family eats
- It is better tolerated

How common is BTF?

In the '50s and '60s, BTF was used in hospitals as the sole source of enteral nutrition. That changed in the '70s when commercial formulas were created as hospitals placed more emphasis on aseptic techniques. Now, the tables are turning again, and some recent surveys have found:

- A high proportion of tube-fed patients report BTF comprises more than 50% of their daily enteral nutrition
- Around 40% of HEN services report patients use BTF as an alternative to some or all of their enteral nutrition

Clearly, BTF is out there. The odds of a dietitian's patient using it and not disclosing it (and potentially following up with a non-dietitian) are rising, so we need to get on the bandwagon. I'm pro presenting the option and pro patient choice. Just like we offer choice with the type of feeding regime to suit a patient's lifestyle (bolus vs. continuous), we should offer choice with the type of formula, too.

When would you not consider BTF?

People needing continuous pump feeding would find it tricky to use homemade BTF as it shouldn't hang for longer than 2 hours unrefrigerated.

I would also exercise caution for those:

- With a smaller feeding tube (i.e. < 14 french)
- Receiving jejunal feeding
- Who are medically unstable

Otherwise, I would try to work around things to support my patient if they want to try BTF.

Dietitians are the experts in food and the experts in tube feeding – so let's take ownership of safe, nourishing and effective BTF.

What are the common myths associated with BTF?

1. Myth: BTF increases the likelihood of tube blockages.

Fact: It does not if it is done with the correct particle size, type of blender used and duration of blending. Tube blockage is more likely to occur with infrequent water flushing and syringing several medications down the tube.

2. Myth: BTF increases the likelihood of food contamination.

Fact: Regular food handling guidelines still apply when you're cooking for BTF:

- Keeping up with hand hygiene
- Washing equipment
- Separating cutting boards for meats and vegetables
- Refrigerating blends until used and between feeding
- Discarding any leftovers after 24 hours

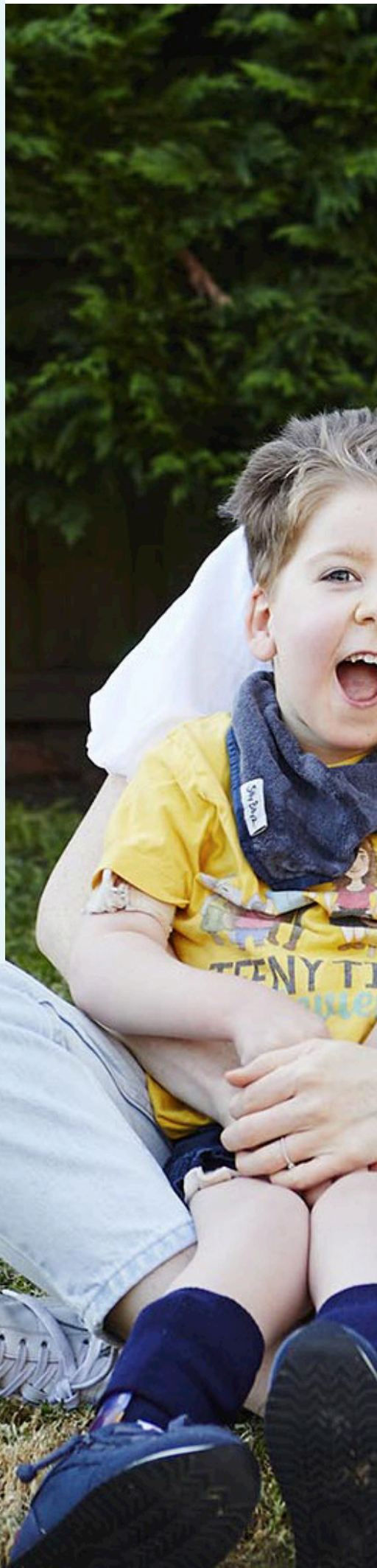
Where can I go to learn more about BTF?

Start by reading:

- ***British Dietetic Association Position Statement***
- ***AuSPEN consensus statement***
- ***Natural Tube Feeding***
- ***The Blend magazine***
- ***ASPEN webinar series***
- ***Epp L. Practical Gastroenterology 2018***
- ***Education in Nutrition Blended Tube Feeding case studies***

www.tubedietitian.com/ @tube-dietitian

Blenderised tube feeding: a mother's perspective



Melanie Dimmitt is a freelance journalist and author. Since launching her debut book, *Special: Antidotes to the obsessions that come with a child's disability*, Melanie has written, spoken, podcasted and advocated far and wide for parents travelling not-so-typical paths. She releases an annual magazine-style resource called *The Blend* that's available to read and download for free.

A version of this article was originally published on Hireup.

Melanie with son Arlo.
Image courtesy of Natalie Hunfalvay

Purchasing Weet-Bix and yoghurt wouldn't normally be considered an illicit act, but on one dark night, as I rushed these items through the Coles checkout, I felt positively criminal... Six weeks earlier, my then five-year-old son, Arlo, had a gastrostomy tube inserted. Prior to this, Arlo had been spoon-fed a variety of pureed meals, including his daily breakfast of Weet-Bix and yoghurt.

Arlo has a physical disability that makes it tricky for him to eat and drink. For years, he'd been hard at work building up his chew and swallow and things appeared to be tracking along nicely. Just before his fifth birthday, however, a modified barium swallow x-ray revealed he was 'silently aspirating' on every bite and sip. The solution was simple but seemingly ruthless: Arlo was to be forevermore nil by mouth.

Arlo's diet of real food switched to six bottles of nutritionally complete liquid. We plugged him into a feeding pump and hoped for the best, but before long, Arlo started suffering with bad reflux and aspiration that was anything but silent. After his second hospital admission in as many weeks, I asked Arlo's medical team if we could try something I'd heard a little about – 'blended feeds'.

"Eventually," said Arlo's medical team, "but we need to get the formula right first."

Tube-feeding is different for everyone. Getting it right takes a bit of trial and error, and a lot of trusting your gut.

Image courtesy of www.naturaltubefeeding.com, a dietitian-led blenderized tube feeding resource website

A further four weeks of exorcist-like reflux later, after helping Arlo cough, retch and splutter himself to sleep, I sped to Coles and bought his former breakfast combo of Weet-Bix and yoghurt. The next morning, I deposited this contraband directly into Arlo's mouth and he enjoyed every forbidden spoonful of it. As I would later tell his very understanding paediatrician, we went rogue. In the days that followed, we took advice from more seasoned tube-feeding parents and gave blended feeds a go. We prepared Arlo's favourite purees and blended them a little thinner, so they could be syringed through his tube.

After letting out a sigh of relief once we told Arlo's dietitian what we were doing, she relayed several kilojoule-rich blended recipes we could try. We discovered ***Wholesome Blends pouches*** of food that meant we didn't have to rev up the blender before every meal. We found a blenderised tube-feeding cookbook by Canadian dietitian, Claire Kariya, and mastered a few of her go-tos. Arlo regained his colour and charisma and, in the 18 months since, has stacked on a bunch of much-needed weight. Now back to his sparkling self, with the added benefits of ample hydration and much less messy medicine administration, blended food is what's right for Arlo.

Image courtesy of Melanie Dimmitt

I'm not here to trash-talk commercial formulas, and I certainly don't endorse going against medical advice. What I want is for people and parents who are new to this space to be presented with all of the options – and to know that tube-feeding is different for everyone. Getting it right takes a bit of trial and error, and a lot of trusting your gut.

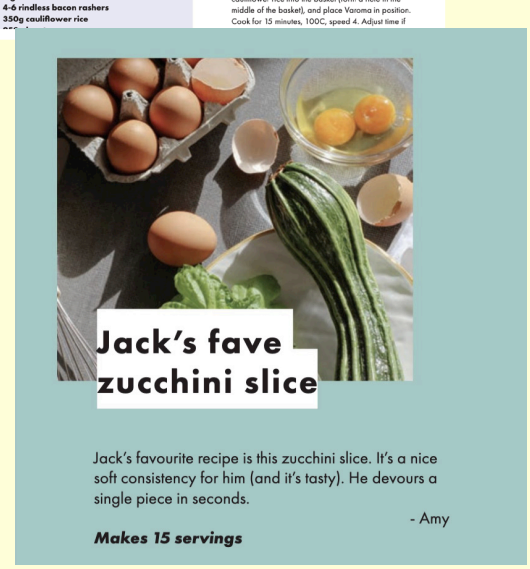
LEARN MORE:

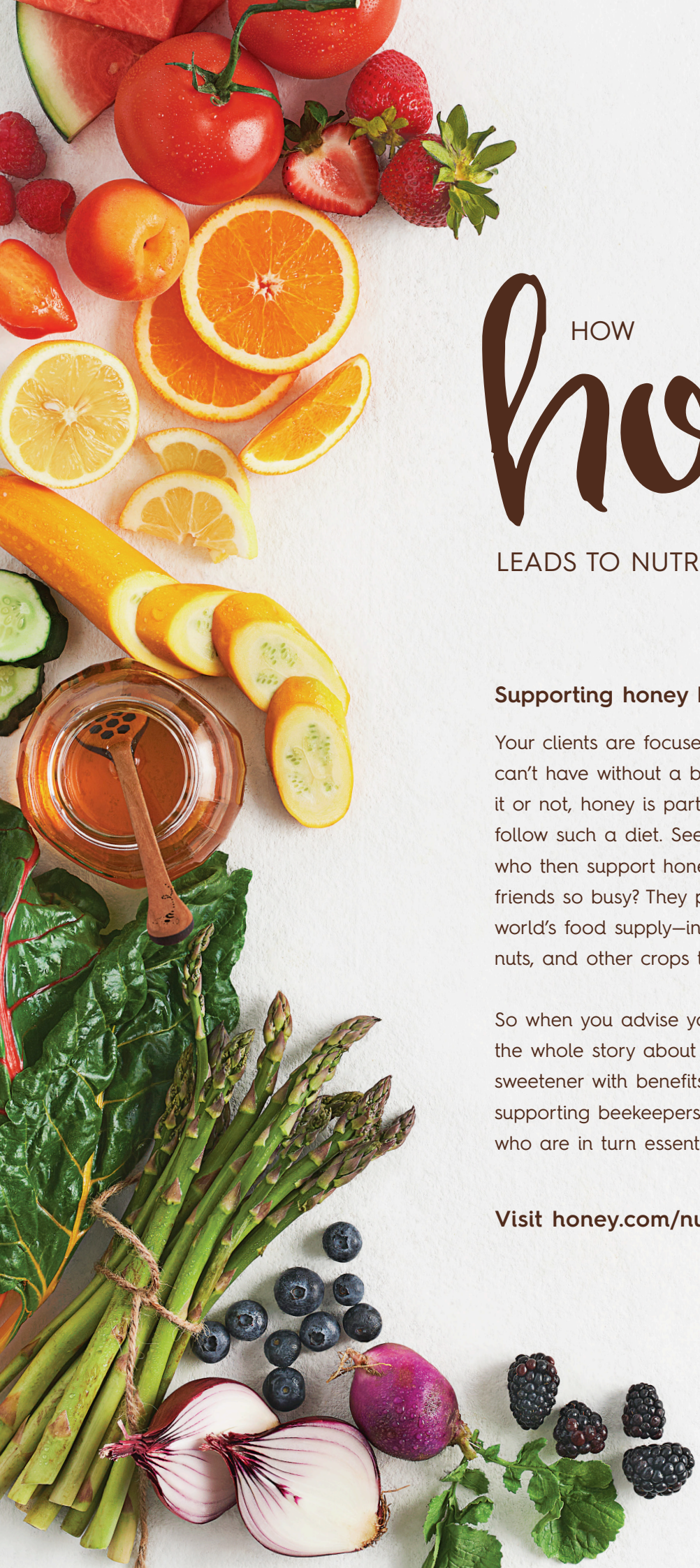
@melanie-dimmitt

@the_special_book

@melaniedimmitt

Take a peek into Melanie's latest issue of *The Blend*





HOW honey LEADS TO NUTRITIOUS FOOD

Supporting honey bees supports food production.

Your clients are focused on a healthy lifestyle, which you just can't have without a balanced, nutritious diet. And believe it or not, honey is part of the framework that allows us to follow such a diet. See, choosing honey supports beekeepers, who then support honey bees. And what keeps our little friends so busy? They pollinate more than a third of the world's food supply—including many of the fruits, veggies, nuts, and other crops that are so important to a healthy diet.

So when you advise your clients, make sure they know the whole story about honey. Not only is it an all-natural sweetener with benefits of its own, but it's also vital in supporting beekeepers and the honey bees they care for, who are in turn essential to feeding the world.

Visit honey.com/nutrition to learn more.

National Honey Board®
honey.com

Early bird pricing $239 + GST

Regular pricing – $289AUD + GST

Early bird offer ends 5pm, 20th March 2023 (Syd/Melb time)

Purchase your ticket here


It's not about ideas.
It's about making ideas happen.
Scott Belsky