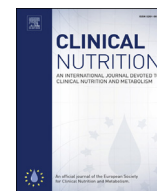




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ESPEN Guideline

Q7 ESPEN guidelines on definitions and terminology of clinical nutrition

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1 Consensus
2 Malnutrition
3 Clinical nutrition
4 Medical nutrition

Results: Five key areas related to clinical nutrition were identified: concepts; procedures; organisation; delivery; and products. One core concept of clinical nutrition is malnutrition/undernutrition, which includes disease-related malnutrition (DRM) with (eq. cachexia) and without inflammation, and malnutrition/undernutrition without disease, e.g. hunger-related malnutrition. Over-nutrition (overweight and obesity) is another core concept. Sarcopenia and frailty were agreed to be separate conditions often associated with malnutrition. Examples of nutritional procedures identified include screening for subjects at nutritional risk followed by a complete nutritional assessment. Hospital and care facility catering are the basic organizational forms for providing nutrition. Oral nutritional supplementation is the preferred way of nutrition therapy but if inadequate then other forms of medical nutrition therapy, i.e. enteral tube feeding and parenteral (intravenous) nutrition, becomes the major way of nutrient delivery. *Conclusion:* An agreement of basic nutritional terminology to be used in clinical practice, research, and the ESPEN guideline developments has been established. This terminology consensus may help to support future global consensus efforts and updates of classification systems such as the International Classification of Disease (ICD). The continuous growth of knowledge in all areas addressed in this statement will provide the foundation for future revisions.

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1. Introduction

Nutrition plays a pivotal role in life and in medicine. Acute and chronic diseases in most organ systems have pronounced effects on food intake and metabolism with increased catabolism, which lead to nutrition-related conditions associated with increased morbidity and eventually death. At the other end of the spectrum, diet is a major determinant of future health, i.e. the absence or postponement of disorders like cardio-vascular disease, diabetes, cancer and cognitive disease [1].

In order to handle nutritional challenges during disease, trauma, rehabilitation, and elderly care as well as for the nutritional prevention of disease it is essential to use professional language and standard terminology that is founded on evidence and widely accepted in the professional community. However, this is not always the case. For example, concepts and terms of nutritional disorders in the current International Classifications of Diseases (ICD-10) (<http://www.who.int/classifications/icd/en/>) may not always be consistent with modern understanding or terms commonly used in clinical practice and research.

Therefore, it is important for the nutritional practice and research communities, including dietitians, nurses, pharmacists, physicians and scientists as well as their respective scientific associations, to reach consensus on the terminology and criteria to be used for nutritional disorders as well as for core nutritional procedures such as screening, assessment, treatment and monitoring. A unification of the appropriate terminology would enhance the legitimacy, credibility and comparability of nutritional practices and could also support future updates of disease and procedure related classification systems, such as the ICD system. This may lead to improvements in clinical care and the advancement of the clinical and scientific nutrition fields.

These aims led the European Society for Clinical Nutrition and Metabolism (ESPEN) to appoint a Terminology Consensus Group with the mission to provide such a set of standard terminology with a main focus on adults.

2. Methodology

2.1. Aim and selection of the expert group

Part of the continuous work of ESPEN is to produce guidelines that support improvements in clinical care and facilitate research. In 2014 new standards for setting ESPEN Guidelines were

established [2]. The presented Guideline standard operating procedures (SOP) aimed to generate high quality guidelines using a clear and straight-forward consensus procedure, with one of the goals to establish international leadership in creating up-to-date and suitable-for-implementation guidelines. To provide a terminology basis for the guideline development was one of the reasons for launching this initiative.

An international expert group of experienced clinical scientists was compiled to form the Terminology Consensus Group and to undertake a modified Delphi process. The consensus group participants, i.e. the authors, were selected to represent various clinical nutrition fields, as well as various professions; dietitians, nurses, nutritionists, pharmacists and physicians from clinical and basic science. It was agreed within the group to base the process on open e-mail communications, face-to-face meetings and open and closed ballots. The purpose was to ensure that communication was maintained at each milestone (see below) until a consensus was reached among all participants. Thus, the statements are based on consensus rather than on systematic literature searches.

This ESPEN Consensus Statement is partly based on the 2014 initiative by the German Society of Nutritional Medicine Working Group (DGEM WG) and the related publication "Suggestions for terminology in clinical nutrition" [3]. The WG consisted of delegates from DGEM as well as from the Austrian Society of Clinical Nutrition (AKE) and the Swiss Society of Nutritional Medicine (GESKES). In this DGEM WG-led process thorough literature searches were undertaken in order to create lists of potential nutritional terms. The terminology was discussed and definitions determined in face-to-face meetings and multiple electronic Delphi rounds [3].

Additional input was solicited from global contributors whose suggestions were considered by the writing group during the final writing phase. They are listed as co-authors due to their substantial contributions.

2.2. Defined milestones of the consensus process

The overall process was based on five major milestones according to the ESPEN Guideline methodology [2] with some modifications:

- Map and establish taxonomy of nutritional nomenclature
- Define criteria for nutritional conditions and concepts
- Describe general nutritional procedures and processes

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