



TOP STORY:
Understanding—and
Reducing—Malnutrition



PAGE 4:
Showcase Your Best
Work; Honor Those
You Admire



PAGE 5:
Meet Tom Jaksic, MD, PhD,
2012–2013 A.S.P.E.N.
President

A.S.P.E.N. INSIGHT

SEPTEMBER 2012 | Volume 1 : Issue 2



Understanding—and Reducing—Malnutrition

Malnutrition can have serious consequences—increased morbidity and mortality, higher infection rates, longer length of hospital stays and greater costs—but combating it has never been easy due to varying definitions. The result has been confusion, a lack of consensus on the meaning of the term, and differing diagnoses.

Hospitalized patient malnutrition has historically been a prevalent issue. One 2003 study¹ identified 33 percent of the hospitalized study population as being malnourished, using a standard nutrition screen/assessment protocol, and between 51 and 54 percent of the hospitalized participants as malnourished using other methods. Despite 30 years of nutrition therapeutic research, this rate has changed little when compared with the landmark study by Bistrian in the mid-1970s², which found that the prevalence of protein-calorie malnutrition was 44 percent or greater in hospitalized patients in general medical wards.

The Academy of Nutrition and Dietetics (Academy) highlighted malnutrition in the long-term care setting, reporting the prevalence of protein energy undernutrition for residents in this setting was between 23 percent and 85 percent, and that up to 65 percent of residents had unintended weight loss and undernutrition³.

First Steps

Today, thanks to the efforts and leadership of A.S.P.E.N., malnutrition is better understood, and with that knowledge, the Society is planning initiatives to measure prevalence of this condition.

For the past three years, A.S.P.E.N. has focused much of its strategic efforts on reducing the risk of malnutrition in hospitalized patients by leading the charge on defining, diagnosing and treating malnutrition. Significant progress has been made on defining and identifying standard ways to diagnose this problem, and significant expansion of new resources and guidelines have been designed to help guide clinicians to improve patient outcomes.

Recent evidence suggests that varying degrees of acute or chronic inflammation are key contributing factors in the diagnosis of disease-related malnutrition. Gordon Jensen, MD, PhD, FASPEN, published an article entitled “Adult Starvation and Disease-Related Malnutrition: A Proposal for Etiology Based Diagnosis in the Clinical Practice Setting from the International Consensus Guideline Committee” in the March 2010 issue of the *Journal of Parenteral & Enteral Nutrition (JPEN)*, which provided three etiology-based nutrition diagnoses in adults:

Continued on page 3

MALNUTRITION AWARENESS WEEK September 17–21, 2012

An important step toward effectively treating malnutrition is raising awareness about it, and A.S.P.E.N. has named September 17–21, 2012, “Malnutrition Awareness Week,” packed full of educational programming and resource dissemination to help clinicians understand this often poorly diagnosed condition. Mark your calendars now for the week’s series of malnutrition-focused programs:

- **Monday, Sept. 17, 12:00 p.m. ET**
Webinar: *Recognizing Adult Malnutrition.*
Learning Objectives: Reiterate the prevalence of malnutrition among adult patients, define the three etiology-based malnutrition diagnosis categories, and utilize the screening and assessments for malnourished patients.
- **Tuesday, Sept. 18, Time TBD**
Podcast: *What is Malnutrition Awareness Week Really About? An Overview.*
- **Wednesday, Sept. 19, 2:00 p.m. ET**
Webinar: *Defining Malnutrition in Children.*
Learning Objectives: Define the categories of pediatric malnutrition, assess a malnourished pediatric patient and use the data to support the nutrition diagnosis.
- **Thursday, Sept. 20, 1:00 p.m. ET**
Luncheon Chat with the Malnutrition Experts
- **Friday, Sept. 21, Time TBD**
Measuring Malnutrition Using Sustain™

For more information about how to register for these events, visit www.nutritioncare.org/malnutritionweek

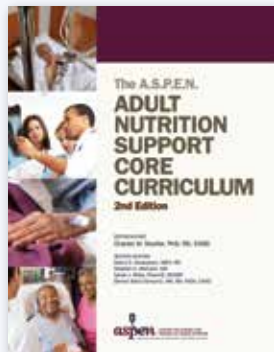
Fresenius Kabi is a supporter of A.S.P.E.N. and provides funding to support our strategic initiatives to advance the science and practice of clinical nutrition and metabolism.





member resources

The Adult Nutrition Support Core Curriculum, 2nd Edition—A Must Have Resource—is Hot Off the Press!



There's no better time to update your resource library, with the highly anticipated release of *The A.S.P.E.N. Adult Nutrition Support Core Curriculum, 2nd Edition*. Featuring new chapters on pre- and probiotics, dietary supplements and the older adult, the updated book also includes single teaching questions designed to facilitate critical thinking and application of the content to clinical practice, as well as "Test Your Knowledge" questions and answers to help readers achieve their learning objectives. With contributions

from leading experts in nutrition, medicine, surgery, nursing and ethics, it's a must-have book for everyone involved in nutrition support for the adult patient—from the novice to experienced clinicians.

"This second edition includes content developed by a diverse array of editors and authors, including individuals from universities and medical centers nationwide," said Charles Mueller, PhD, RD, CNSD, CDN, editor-in-chief and Nutrition Core Director, Clinical and Translational Science Center, Weill Cornell Medical College, New York, N.Y. "Perspectives on research, clinical practice, education and advocacy enhance the book's usefulness in translating the science of nutrition support into clinical application."

The 40-chapter book, which includes content developed by five editors, 93 authors and 64 reviewers, provides in-depth knowledge of the core science (why) and core practical (how to) nutrition support principles for the adult patient, in alignment with the contemporary format of problem-based learning. To effectively engage the reader in this type of active learning, each chapter provides evidence-based, didactic background information that is supported by practical clinical scenarios. *The Core Curriculum* is divided into four sections:

- I. **Basics of Nutrition and Metabolism**, covering lipids, protein, carbohydrates, fluids, electrolytes and acid-base disorders, vitamins and trace elements and more.
- II. **Clinical Foundations of Nutrition Support**, covering nutrition screening and assessment, enteral access devices, parenteral nutrition formulations, drug-nutrient interactions and more.
- III. **Nutrition Support of Specific States**, covering cancer, obesity, pregnancy, critical care, HIV, gastrointestinal disease, and much more.
- IV. **Management and Professional Issues**, including home nutrition support, ethics and law, quality improvement and application of research, derivation of guidelines and evidence-based practice.

The A.S.P.E.N. Adult Nutrition Support Core Curriculum, 2nd Edition, is available for **\$169.95 for A.S.P.E.N. members; \$209.95 for non-members** (quantity discounts also available). In lieu of a CD-ROM, A.S.P.E.N. is also developing a mobile app for this book, which should be available this fall.



Order your copy today! www.nutritioncare.org/NSCore



February 9 - 12, 2013
Phoenix Convention Center,
Phoenix, AZ



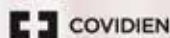
JOIN US FOR THE PREMIER CONFERENCE ON CLINICAL NUTRITION AND METABOLISM

- 45 highly-focused, interactive sessions and workshops
- Six pre-conference immersion courses
- 200+ globally recognized, interdisciplinary faculty who translate the latest research into clinical practice
- Explore a high-energy Exhibit Hall, with 100 interactive booths showcasing new products and services



REGISTER BY NOVEMBER 14 AND SAVE!
www.nutritioncare.org/cnw

Join us at CNW13. You'll be in good company.



Premiere Conference Content	
	% Amount of Learning
High Impact Learning For	100%
Physicians, Dietitians, Nurses,	
Nurse Practitioners, Pharmacists,	
Educators and Researchers	
Evidence-based research,	100%
practical applications	
Ideas for improving patient care	100%
Educational and research sessions	100%
In-depth pre-conference programs	100%
Globally-recognized faculty	100%
International, multidisciplinary attendees	100%
New products and services	100%
in the Exhibit Hall	

www.nutritioncare.org/cnw



Continued from page 1

- Starvation-related malnutrition: chronic starvation without inflammation (e.g., anorexia nervosa).
- Chronic disease-related malnutrition: chronic inflammation of mild to moderate degree (e.g., organ failure, pancreatic cancer, rheumatoid arthritis or sarcopenic obesity).
- Acute disease or injury-related malnutrition: acute inflammation of severe degree (e.g., major infection, burns, trauma or closed head injury) (*JPEN* 2010; 34:156–159).

To build upon Dr. Jensen's work, A.S.P.E.N. and the Academy published a malnutrition consensus paper in the May 2012 issue of *JPEN* entitled, "Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)" (*JPEN*, May 2012; 36:275–283).

Equally important has been a rise in resources and writings on the topic, which all serve to further educate those involved with patient care, such as a tutorial on nutrition assessment by Dr. Jensen and colleagues (*JPEN* May 2012; 36:267–274).

Next Steps

Now that A.S.P.E.N. and the Academy have recommended that a standardized set of diagnostic characteristics be used to identify and document adult malnutrition, universal use of this tool will facilitate malnutrition's recognition, contribute to more valid estimates of its prevalence and incidence, guide interventions and ultimately help prevent malnutrition as a comorbidity.

A.S.P.E.N. is currently working on several other initiatives to help decrease the occurrence of malnutrition, including:

- **Developing pediatric malnutrition definitions**, with input from the American Academy of Pediatrics and the Academy of Nutrition and Dietetics.
- **Sharing comments with CMS on malnutrition coding**. A.S.P.E.N. supports CMS' proposed changes to diagnose codes 263.0 and 263.1 from a non-Complication or Comorbidity (CC) to a CC and maintaining diagnosis code 263.9 as a CC.
- **Partnering with the Academy** on conducting feasibility and validity evaluations of the May 2012 Consensus Adult Characteristics and Markers, as well as education and dissemination of the tool.
- **Training physicians to recognize and treat malnutrition**, along with our industry partners, Abbott Nutrition and the Nestlé Nutrition Institute fellow programs.
- **Planning a fall 2012 Sustain™ Malnutrition Survey**. Survey findings will lead to the development of our Sustain Malnutrition Prevalence Study of U.S. hospitalized patients.

For more information on malnutrition, contact Peggi Guenter at peggig@aspen.nutr.org or visit www.nutritioncare.org.

¹ Robinson MK, Trujillo EB, Mogensen KM, et al: Improving nutritional screening of hospitalized patients: The role of prealbumin. *JPEN J Parenter Enteral Nutr.* 2003; 27(6): 389–395.

² Bistrain BR, Blackburn GL, Vitale J, Cochran D, Naylor J. Prevalence of malnutrition in general medical patients. *JAMA.* 1976 235(15):1567–1570.

³ American Dietetic Association. Position of the American Dietetic Association: liberalization of the diet prescription improves quality of life for older adults in long-term care. *J Am Diet Assoc.* 2005a; 105:1955–1965.

member benefit

Malnutrition Toolkit

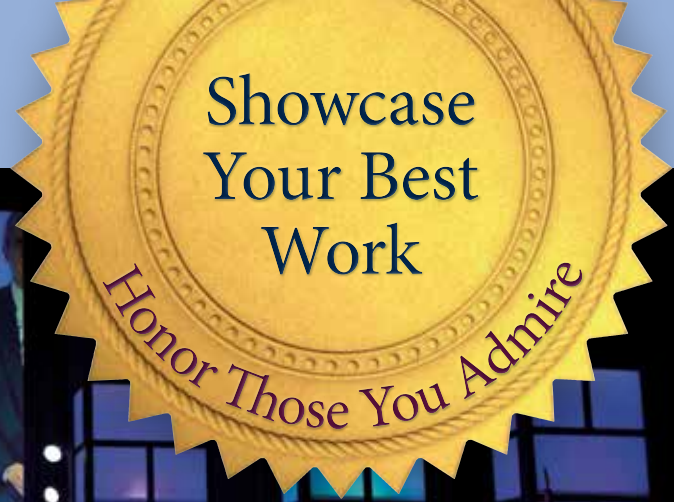
Looking for a one-stop shop of information about malnutrition? Look no further than A.S.P.E.N.'s website, where you will find the Malnutrition Toolkit, specifically developed with busy clinicians in mind and featuring practice resources, educational tools, links and videos, all packaged in a multi-media format that makes it easy for you to find exactly what you need.

Take advantage of all that this toolkit has to offer:

- Definitions and diagnoses for malnutrition, nutritionally-at-risk neonates, and nutritionally-at-risk children
- Nutrition care algorithm, which outlines the screening, assessment and processes for nutrition care in the hospitalized patient
- Links to available screening and assessment tools
- A nutrition assessment tutorial
- Links to general nutrition assessment articles and papers, and specific disease and condition-related papers
- PowerPoint programs from past Clinical Nutrition Weeks
- Links to other relevant websites.

Put the Malnutrition Toolkit to work for you today!





(left to right) 2012 A.S.P.E.N. Fellows. Bruce M. Wolfe, MD, FASPEN, John R. Wesley MD, FACS, FAAP, FASPEN, Marion F. Winkler PhD, RD, LDN, CNSC, FASPEN, Charles W. Van Way, III MD, FASPEN, Kelly A. Tappenden PhD, RD, FASPEN, Vincent W. Vanek MD, FACS, CNSP, FASPEN, Ezra Steiger MD, FASPEN, W. Frederick Schwenk, II MD, FASPEN, Philip J. Schneider, MS, FASHP, FASPEN, Stephen A. McClave MD, FASPEN, Jay M. Mirtallo, MS, RPh, BCNSP, FASHP, Gordon L. Jensen, MD, PhD, FASPEN, Stanley Dudrick MD, FASPEN, Bruce R. Bistrian MD, PhD, FASPEN, Peggy R. Borum, PhD, FASPEN, George L. Blackburn MD, PHD, FASPEN, David A. August, MD, CNSP, FASPEN

This fall is one of the best times to highlight exceptional work within our Society! Whether you want to recognize a fellow member, share the cutting-edge results of your research, or pursue seed money to fund a research project, nominations are now open. A series of three deadline dates have been set—showcase your best work and nominate your peers today!

Grant Proposals Due September 8, 2012

Support the future of the industry, and recognize someone who is doing great work, by nominating them for the CNW13 Research Foundation grants. The A.S.P.E.N. Rhoads Research Foundation grants are among the industry’s most exceptional honor for early-career investigators of nutrition therapy, metabolic support and related clinical nutrition topics. In 2013, there are four large grants of up to \$25,000, one of up to \$16,600, and two of up to \$5,000. www.nutritioncare.org/Grants

Abstracts Due September 15, 2012

Be a part of CNW13 by submitting a basic science, clinical research or practice abstract! Original investigative abstracts for both oral and poster presentations will be reviewed and will be eligible for awards; encore abstracts will be reviewed for poster presentation but will be ineligible for awards. This is one of our Society’s best ways to share groundbreaking research and provide a wider audience for your case studies and best practices—submit an abstract today! www.nutritioncare.org/cnw_abstracts

Nominations will also be considered for Abstract Awards, which include:

- **Harry M. Vars Award:** Honors an investigator with the best scientific abstract. Submissions are part of the CNW13 abstracts process.
- **Promising Investigator Award:** Awarded to the first authors of the top abstracts accepted for presentation at CNW13. Early career authors are eligible.
- **Research Workshop Travel Award:** Given to the first authors of the top abstracts that align with the CNW13 Research Workshop topic, “The Interface between Nutrition and the Gut Microbiome: Implications and Applications for Human Health.”

Award Nominations Due October 15, 2012

Know someone exceptional? Then nominate them for A.S.P.E.N.’s prestigious awards program, which recognizes and honors members for their service to A.S.P.E.N. and for their contributions to the field with their expertise in clinical practice, education and advocacy. It’s an outstanding way to award those who have improved the quality and



efficacy of the profession, and recognize their actions among healthcare professionals. Each award is given annually and recipients are recognized at CNW13. www.nutritioncare.org/awards

Awards include:

- **Stanley J. Dudrick Research Scholar Award:** Given annually to an exceptional mid-career researcher, the awardee receives \$5,000, recognition at CNW13, and the honor of planning and chairing A.S.P.E.N.'s Dudrick Symposium at CNW14.
- **Barney Sellers Public Policy Award:** Given annually to an A.S.P.E.N. member who has significantly contributed to advancing our public policy goals. The award is named in honor of Barney Sellers, former A.S.P.E.N. executive director.
- **A.S.P.E.N. Fellows:** Honors exceptional achievement in practice or research and service to the organization through the Fellowship (FASPEN) designation. This award showcases the many contributions of valuable A.S.P.E.N. members and recognizes their commitments to A.S.P.E.N. and the field of clinical nutrition.
- **Lyn Howard Consumer Advocacy Award:** Honors a patient, family member and/or a caregiver who has advocated for other patients, families or caregivers of consumers requiring parenteral nutrition or enteral nutrition. The award is named in honor of Dr. Lyn Howard, co-founder of the Oley Foundation.
- **Stanley Serlick Award:** Recognizes a pharmacist who has made significant contributions to improving safe practices for parenteral nutrition through published literature, membership on national committees or task forces and/or presentations at regional and national meetings. *Sponsored by Hospira, Inc.*
- **Distinguished Service Awards:** Five awards are given to A.S.P.E.N. members who have made exceptional leadership and practice contributions that have furthered the vision and mission of the society over a sustained period of time.
 - Distinguished Nutrition Support Dietitian Service Award
 - Distinguished Nutrition Support Nurse Service Award
 - Distinguished Nutrition Support Pharmacist Service Award

- Distinguished Nutrition Support Physician Service Award
- Distinguished Nutrition Support International Service Award **NEW**

- **Distinguished Nutrition Support Dietitian Advanced Clinical Practice Award:** Recognizes a dietitian for his or her outstanding contributions in leadership, practice and advancement of dietitians in the field of nutrition support.
- **Excellence in Nutrition Support Education:** A \$1,000 cash award that honors a nutrition support educator's excellence in the delivery of professional education. The award is open to A.S.P.E.N. members who have teaching responsibilities in an academic, community, or other supervised training setting.

New in 2012!

The **Clinical Nutrition Team of Distinction Award** is designed to recognize and elevate the stature of interdisciplinary nutrition care! Whether your nomination helps promote excellence in nutrition care internally within an institution or agency, or externally within your communities, A.S.P.E.N.'s newest award is aimed at recognizing those who are working to provide exceptional care to their patients every day.

Do you know an interdisciplinary team that ...

- Represents all four disciplines (dietetics, medicine, nursing and pharmacy), who participate in team function in some way (e.g., patient rounds, nutrition committee, policy and/or formulary activities)?
- Uses A.S.P.E.N. Standards, Clinical Guidelines and/or Practice Recommendations (EN or PN Safety) in their patient care processes?
- Is involved with quality improvement initiatives such as Sustain™?

Then you're well on your way to nominating extraordinary nutrition support teams and their institutions or agencies by October 15!

For the full award description, criteria and nomination forms, please visit http://www.nutritioncare.org/team_award



(LEFT TO RIGHT) Jay M. Mirtallo, MS, RPh, BCNSP, FASHP, Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, 2012 Dudrick Research Scholar Award, and Stanley Dudrick, MD, FASPEN



(LEFT TO RIGHT) Arlet G. Kurkchubasche, MD, Alyssa Kallweit, BA, Barbara Stoll, PhD, and Jennifer Barnes, BS, 2012 Harry M. Vars Research Award winner



(LEFT TO RIGHT) Roland Dickerson, PharmD, BCNSP, CNW12 Rhoads Lecturer and Jay M. Mirtallo, MS, RPh, BCNSP, FASHP



(LEFT TO RIGHT) Jay M. Mirtallo, MS, RPh, BCNSP, FASHP and Van S. Hubbard, MD, PhD, 2012 Barney Sellers Award winner



Meet Tom Jaksic, MD, PhD, 2012–2013 A.S.P.E.N. President



The old axiom of “80 percent of the work is done by 20 percent of the people” always seems to bear true, and perhaps no greater example can be found than on the A.S.P.E.N. Board of Directors. And for the next year, Tom Jaksic, MD, PhD, a pediatric surgeon at Children’s Hospital in Boston, Mass., will serve as the organization’s 2012-2013 president. Long involved with A.S.P.E.N.’s pediatric section, committees and the national board, his pride in and passion for volunteerism is constant. Read on for an overview of what Tom hopes to accomplish this year.

Q: What drew you to A.S.P.E.N., and why did you decide to become more involved?

A: I became interested in nutrition at the start of my surgical training in med school, and my true interest in the quantitative aspects of nutritional biochemistry came to the fore as I worked toward my PhD at MIT during my residency and, in 1985, had the opportunity to meet Bruce Bistran and George Blackburn, both former A.S.P.E.N. presidents. I’ve since realized that A.S.P.E.N. is the one organization that has maintained its viability and thrived throughout the 25 to 30 years I’ve been in the field. In many ways, its structure has ensured its longevity, as it represents all disciplines involved in improving nutritional therapy. That clarity has allowed A.S.P.E.N. to thrive, and it’s made it very attractive to be a part of it. A.S.P.E.N. allows me to pursue knowledge, provide better patient care and demonstrate the spirit of volunteerism.

Q: What do you see as A.S.P.E.N.’s biggest challenge?

A: Adapting to the changes occurring in healthcare, and working within the parameters of a continuous drive to increase value in healthcare and keep costs down. At first blush, it seems nutrition would be immune from that, because everyone, you would think, would support nutrition. But we don’t have sufficient data to support many of our practices, and we need to improve basic scientific efforts to prove the validity of our efforts. We need a database that will allow us to track outcomes.

For that reason, the Sustain database is by far our most important initiative. It will allow us to transform ourselves from being an educational organization into a quality improvement organization. Sustain will allow us to generate data, in the first phase, about consumers using Home Parenteral Nutrition (HPN), attract new people into the field, and validate our existence. And, because little is known about the annual utilization of HPN, Sustain will help us understand usage and outcomes. We need to be a quality improvement organization, and Sustain is the way to get there. There’s a very real threat that funding will be withdrawn without a strong evidence base, and a lack of funding would wreak havoc on outcomes. Creating this database is quite literally the most important thing we can do to maintain funding.

Q: How do you hope to ensure the success of Sustain?

A: It’s important that we get buy-in and participation from membership. Sustain isn’t just one project; it’s a concept, a member database, a goal for quality improvement, a way to run cross-sectional studies. Right now we’re looking to expand our HPN data, but we could next look into intensive care ... malnutrition ... we could do all of that through Sustain. We need to find a way to fund this in perpetuity, and although we now have the largest cohort of HPN patients, it’s still only a small fraction of total patients.

Q: What advice would you give to new members to A.S.P.E.N.?

A: If someone really wants to learn about nutrition and optimize patient care, they have to be a part of A.S.P.E.N., and the only way to get the full benefit out of a volunteer organization is to get involved. This organization is a vital element in the advocacy and care of patients, and without it, healthcare would be far worse off than it is. But members won’t benefit if they only get involved during certification exams; to maintain one’s competencies, you have to stay involved year after year.

Q: Outside of the hospital, where might someone find you?

A: I’ve been married for a long time—to the same person!—and we have three kids, one of whom has graduated from college and two who are currently in college. I enjoy running and have run a few marathons recently. I love the ocean, and we have a little place there, where I love to fish and swim.

Joining Tom on the 2012-2013 board are: President-Elect **Ainsley Malone**, MS, RD, CNSC; Vice President **Daniel Teitelbaum**, MD; Secretary/Treasurer **Lawrence A. Robinson**, BS, MS; Immediate Past President **Jay Mirtallo**, MS, RPh, BCNSP, FASHP; A.S.P.E.N. Rhoads Research Foundation President **Charles W. Van Way III**, MD; Director **Phil Ayers**, PharmD, BCNSP, FASHP; Director **Praveen S. Goday**, MBBS, CNSC; Director **Carol Ireton-Jones**, PhD, RD, LD, CNSC; Director **Gordon Sacks**, PharmD, BCNSP, FCCP; and Director **Deborah A. Andris**, MSN, APNP.

Live and On Demand Webinars at **Pharmacyadvisor.com**

Webinar Topics Include:

- Drug preparation and delivery
- Parenteral nutrition therapy
- Lean pharmacy management
- Pharmacy operations

Medication Delivery

Baxter is a registered trademark of Baxter International Inc.
Baxter Healthcare Corporation, Medication Delivery, Route 120 and Wilson Road, Round Lake, IL 60073
www.baxter.com 350001 5/12

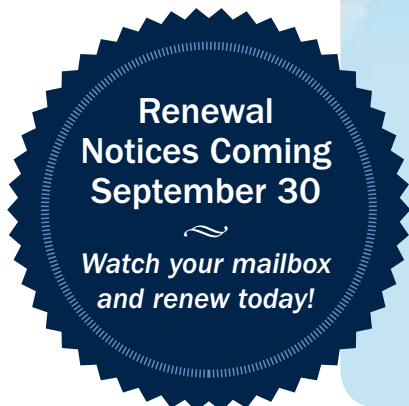
Baxter

A.S.P.E.N.  **INSIGHT**

Volume 1/No. 2 | September 2012

© 2012 American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). All rights reserved.

Sponsored by



Upcoming Events

SEPTEMBER 12

Clinical Nutrition Webinar

Parental Multi-vitamin and Trace Element Products

SEPTEMBER 14

CSPEN Annual Meeting

Denver, CO

SEPTEMBER 17-21

A.S.P.E.N.'s Malnutrition Awareness Week

- Sept. 17: Webinar, Recognizing Adult Malnutrition
- Sept. 19: Webinar, Defining Malnutrition in Children

SEPTEMBER 17-21

FSPEN Annual Educational Symposium

Fort Lauderdale, Fla.

SEPTEMBER 21

Safe Practices for Electrolyte Management in Parenteral Nutrition

Sponsored by Baxter Healthcare Corporation, Fort Lauderdale, FL, immediately following FSPEN reception.

SEPTEMBER 27

WSPEN Annual Meeting

Middleton, WI

SEPTEMBER 28-29

MASPEN Meeting

Charlotte, NC

OCTOBER 17

Clinical Nutrition Webinar

Nutritional Implications and Pharmacological Management of Cancer Cachexia

OCTOBER 18

Michigan Chapter Fall Conference

Livonia, MI

OCTOBER 25

NY/LISPEN Fall Conference

Hicksville, NY