



Long-Term Care FIVE
Gli Stati Generali dell'Assistenza
a lungo termine
EDIZIONE 2020

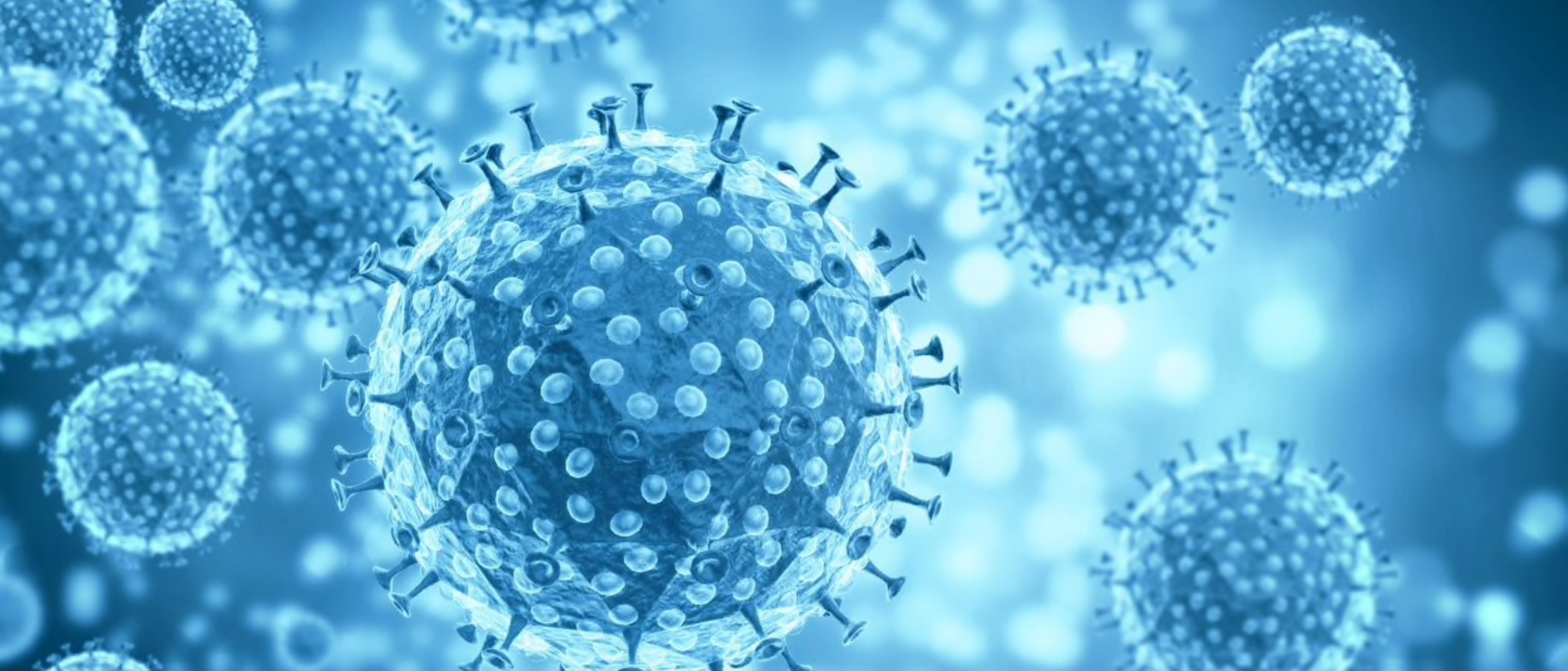
ITALIA LONGEVA
PER L'INVECCHIAMENTO E LA LONGEVITÀ ATTIVA

@ItaliaLongeva
#longtermcare

Virtual meeting
1-2 dicembre 2020

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Catholic University, Geriatric
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Rome, Italy

Multimorbidity and fragility: what have we learned from the pandemic and what possible governance on the territory from the SSN?



SARS-CoV-2 infection - The Italian experience

Italian experience

J Nutr Health Aging. 2020;

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THE NEW CHALLENGE OF GERIATRICS: SAVING FRAIL OLDER PEOPLE FROM THE SARS-COV-2 PANDEMIC INFECTION

GEMELLI AGAINST COVID-19 GERIATRIC TEAM*

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Italian experience

Clinical features

- The range of clinical presentations of COVID-19 disease have been described varying from asymptomatic infection to severe respiratory failure.
- The common clinical manifestations include fever, cough, fatigue, myalgia, shortness of breath, sore throat, and headache.
- In addition, patients may have also gastrointestinal symptoms, with diarrhea and vomiting.
- Some patients may have taste and smell disturbances, too.
- Interstitial pneumonia is present in most COVID-19 patients.

Italian experience



Antero-posterior chest radiograph shows patchy ground-glass opacities (78-year-old man)

Chest CT shows diffuse ground-glass opacities, consolidation area, and both ground-glass opacities with consolidation

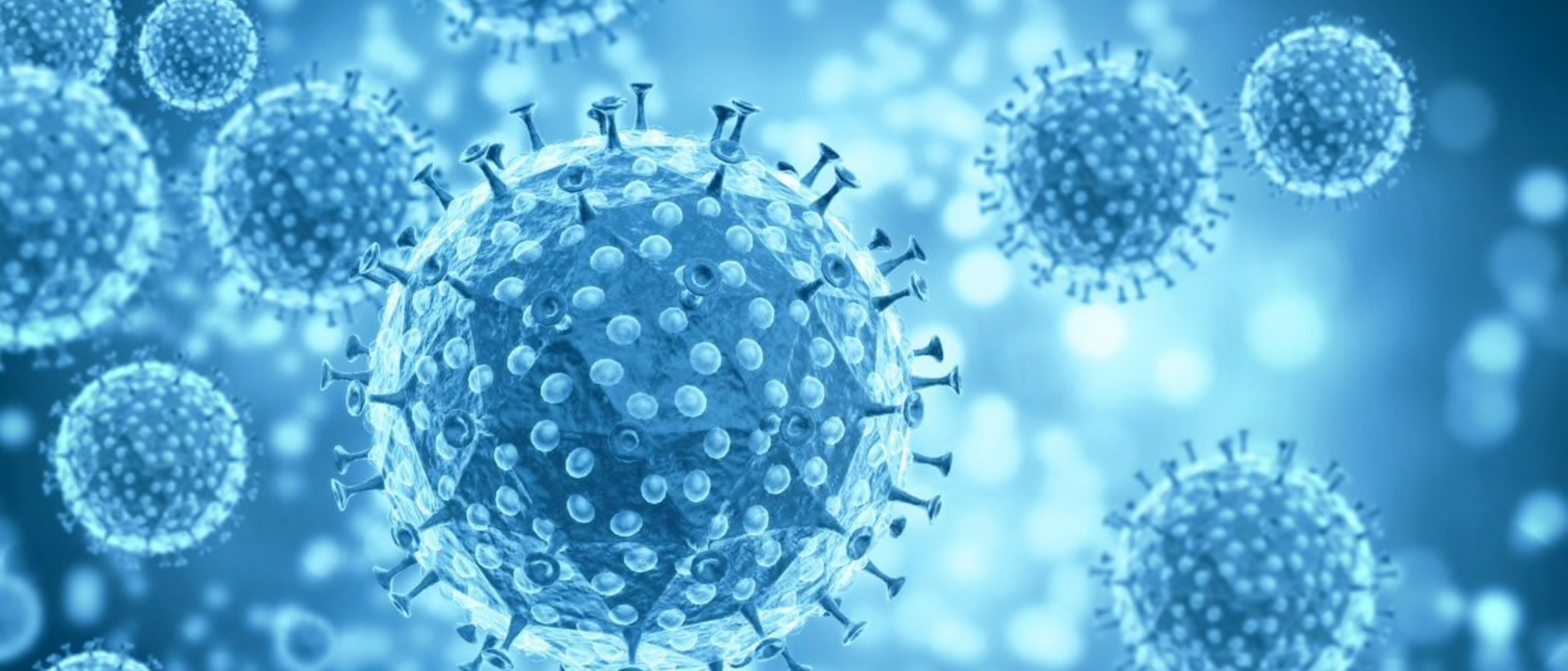


Italian experience

Practical features

- New disease
- New department (ex surgical units)
- Patient's isolation
- Protective Personal Equipment (PPE)
- Management of specific symptoms (nausea, diarrhea and vomiting)
- Drugs side effects
- Oxygen therapy (difficult food intake)





SARS-CoV-2 infection - Impact on health outcomes

Assessment in clinical practice

Aging Clinical and Experimental Research
<https://doi.org/10.1007/s40520-020-01616-x>

1 POINT OF VIEW



2 **Post-COVID-19 global health strategies: the need**
3 **for an interdisciplinary approach**

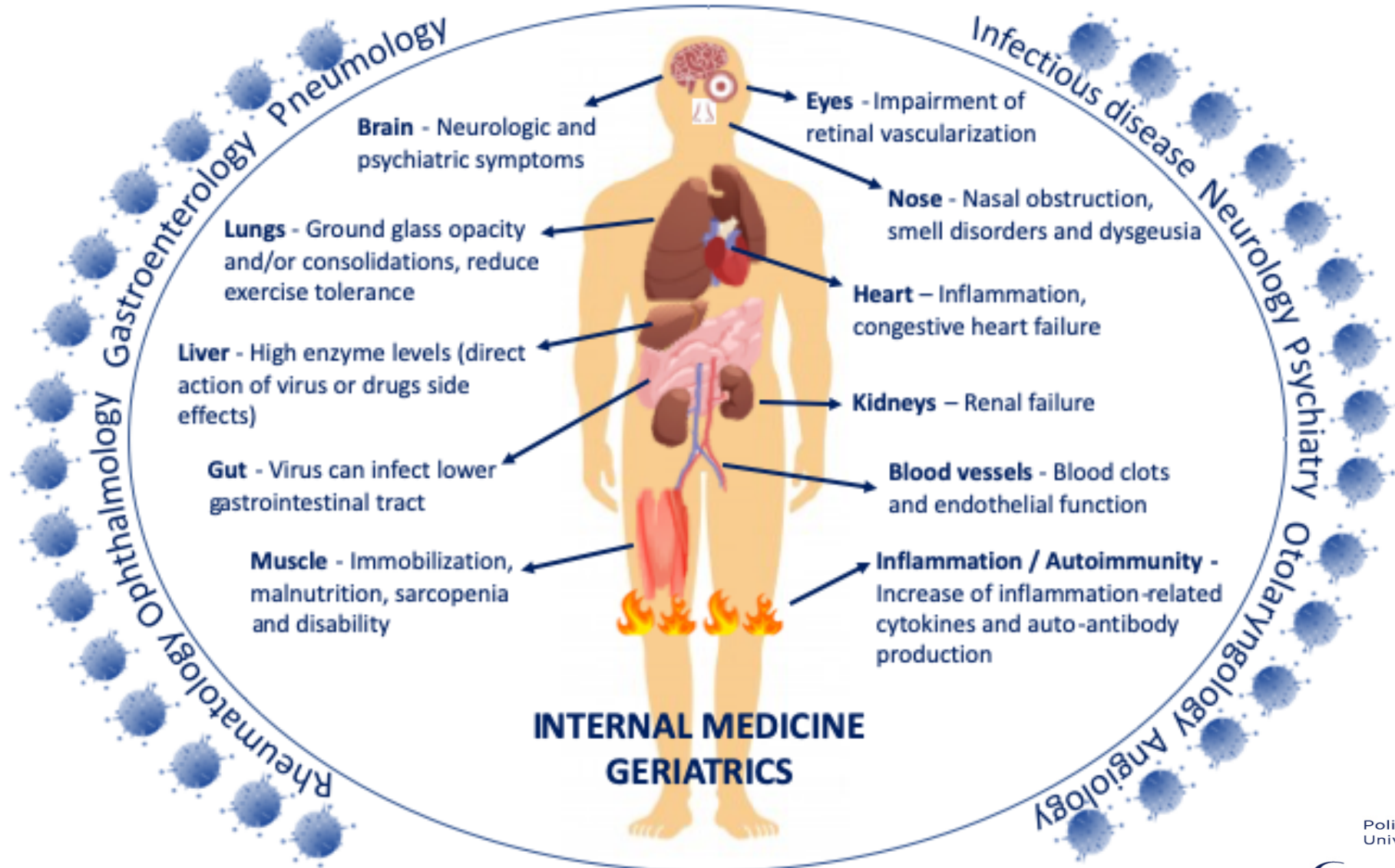
4 **Gemelli Against COVID-19 Post-Acute Care Study Group¹**

5 Received: 15 May 2020 / Accepted: 30 May 2020

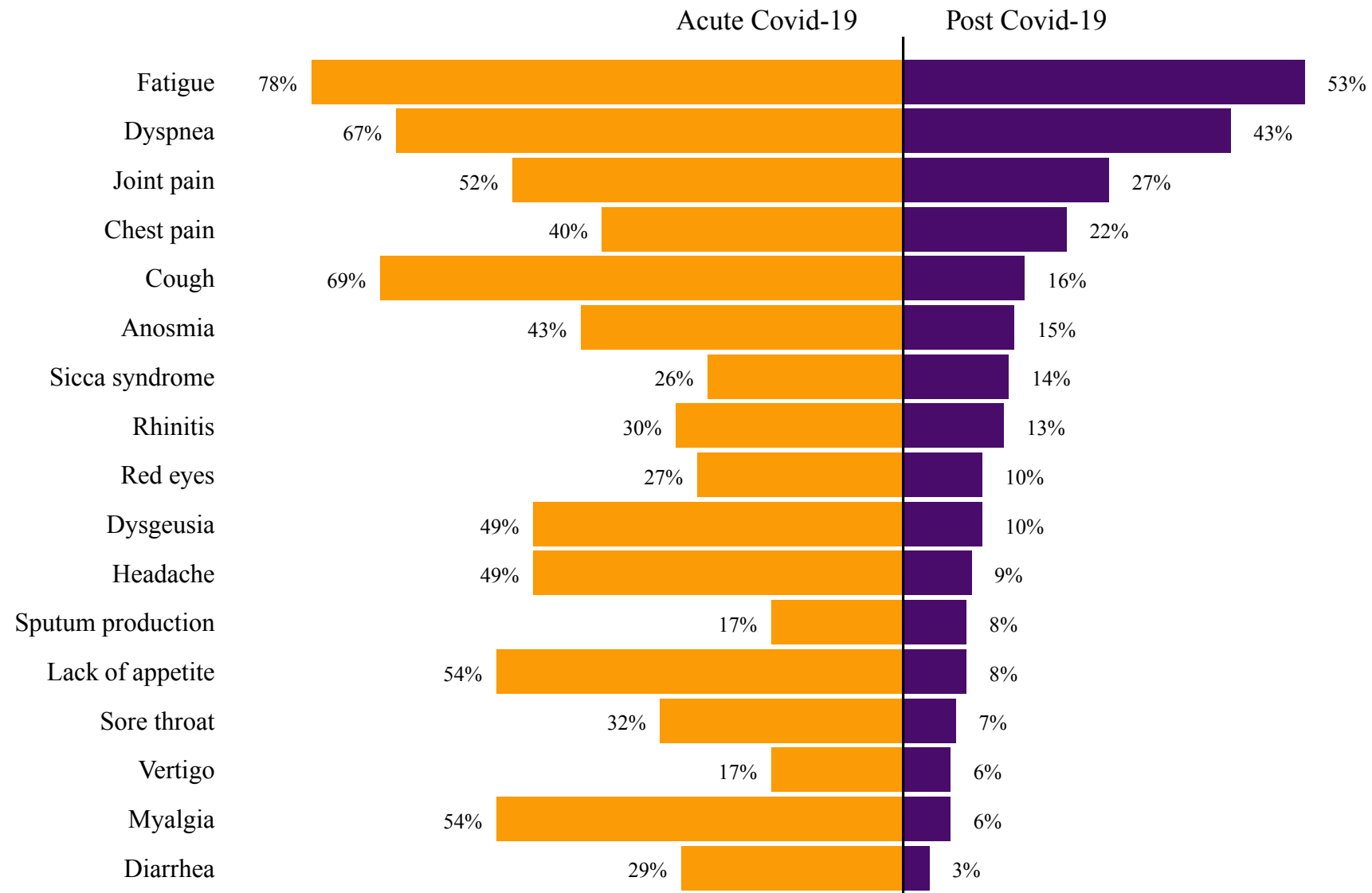
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Editorial

A simple remote nutritional screening tool and practical guidance for nutritional care in primary practice during the COVID-19 pandemic

S U M M A R Y

Challenging periods like the COVID-19 pandemic require fast and efficient adaptations of the healthcare system. It is vital that every patient has access to nutritional care as a part of primary healthcare services, even if social distancing measures are adopted. Therefore, we propose a simple remote nutritional screening tool and practical guidance for nutritional care in primary practice, and their implementation into telemedicine processes and digital platforms suitable for healthcare providers. The acronym for the tool is R-MAPP, as for **R**emote – **M**alnutrition **A**PP, while the tool will be available also as an app. This protocol consists of two simple validated clinical tools for identifying nutritional risk and loss of muscle mass and function – Malnutrition Universal Screening Tool ('MUST') and SARC-F (5-item questionnaire: **S**trength, **A**ssistance with walking, **R**ise from a chair, **C**limb stairs and **F**alls) - and additional practical guidance on nutritional interventions for family physicians.

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R-MAPP: REMOTE CONSULTATION ON MALNUTRITION IN THE PRIMARY PRACTICE

A SIMPLE GUIDE TO ASSESSING PATIENTS BY VIDEO OR VOICE CALL

This graphic is intended for use in a primary care setting in order to identify patients at risk of malnutrition and ensure optimal nutritional care.

SET UP

Prepare yourself for remote consultation

Check medical documentation for malnutrition risk factors and polymorbidity:

COVID - 19

Ageing / frailty

Cancer

COPD

IBD

Stroke

Post-ICU

Chronic kidney and liver disease

Chronic wounds

Diabetes

Obesity

Other chronic diseases

CONNECT

Contact patient by phone or video call

Check audio and video

Can you hear/see me?

Confirm the patient's identity

Name
Surname
Date of birth

Check patient's location

Where are you right now?
Home
Care Home
Hospital

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EXAMINATION

Malnutrition screening

Use 'MUST' and 'SARC-F' to identify risk of malnutrition and muscle mass loss

'Malnutrition Universal Screening Tool' or 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese.

'SARC-F' is a rapid diagnostic test for sarcopenia based on 5 components.

IDENTIFY MALNUTRITION RISK

Check if your patient is at risk of malnutrition by asking the following 3 questions:

'MUST' Malnutrition screening tool

What is your current body weight?	0	> 20 (> 30 Obese)
What is your height?	1	18.5-20
Calculate patients BMI kg/m ²	2	< 18.5
What is your usual weight?	0	Weight loss < 5%
Have you experienced unintentional weight loss in the last 3 - 6 months?	1	Weight loss 5-10%
	2	Weight loss > 10%
Are you acutely ill or has your food intake been reduced / likely to be reduced for > 5 days?	0	No
	2	Yes

*Body Mass Index (or BMI) is calculated as weight (in kg) divided by the square of height (in m)

Add 'MUST' scores together to calculate overall risk of malnutrition:

Score 0 Low Risk
Score 1 Medium Risk
Score 2 or more High Risk

IDENTIFY LOSS OF MUSCLE MASS AND FUNCTION

If the 'MUST' score is ≥ 1 or your patient has one or more malnutrition risk factors (see in "Set up" box) check for sarcopenia.

'SARC-F' Sarcopenia screening Test

STRENGTH How much difficulty do you have in lifting and carrying 4.5 kg? <i>*4.5 kg is approximately the weight of a pet cat or pumpkin</i>	0	None
	1	Some
	2	A lot or unable
ASSISTANCE WITH WALKING How much difficulty do you have walking across a room?	0	None
	1	Some
	2	A lot, use aids, or unable
RISE FROM A CHAIR How much difficulty do you have transferring from a chair or bed?	0	None
	1	Some
	2	A lot or unable without help
CLIMB STAIRS How much difficulty do you have climbing a flight of 10 stairs?	0	None
	1	Some
	2	A lot or unable
FALLS How many times have you fallen in the past year?	0	None
	1	1-3 falls
	2	4 or more falls

'SARC-F' score equal to or greater than 4 is predictive of sarcopenia

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DECISION AND ACTION

Advise, intervene and arrange follow-up according to nutritional screening results

'MUST' Score ≤ 1 or/and
'SARC-F' Score < 4

OBSERVE AND REPEAT SCREENING

in Care Homes monthly and in community annually for at-risk groups e.g. those > 75 yrs

'MUST' Score ≥ 2 or/and
'SARC-F' Score ≥ 4

TREAT

Recommend oral nutritional supplements (ONS) or continue nutrition support; physical activity should also be encouraged as possible

If the patient is already on ONS check compliance
2 bottles is usual recommended daily dose

If you need help refer to clinical dietitian, hospital physician or implement local policy.

INTERVENTION

Tailor nutritional therapy to your patient's needs

ENERGY

25 – 35 kcal/kg
body weight/day*

PROTEIN

> 1.0 g/kg
body weight/day**

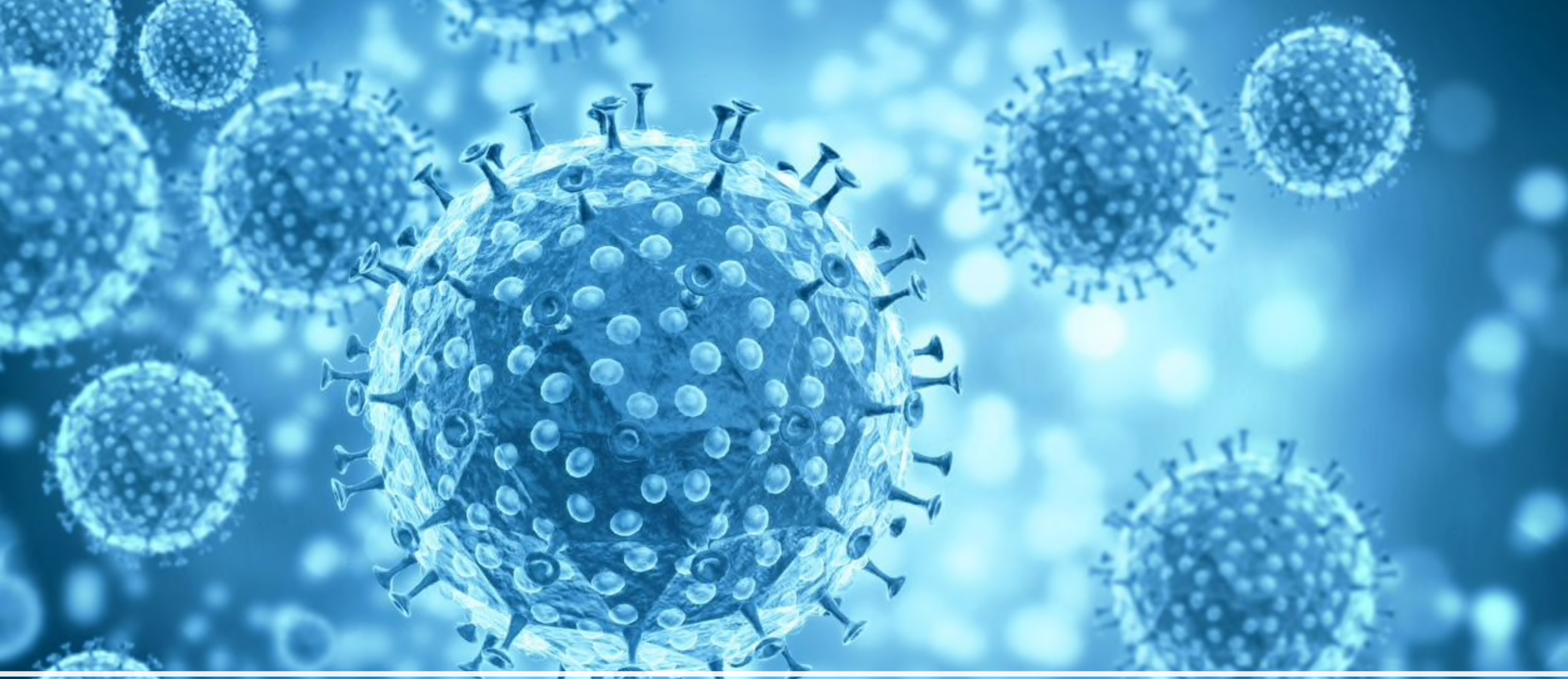
MICRONUTRIENTS

daily requirements***

THERAPEUTIC NUTRITION

- Consider HMB / leucine, vitamin D for patients with muscle mass and/or function loss
- Omega-3 EPA for cancer patients
- Arginine, Glutamine, Zinc, HMB, vitamin C for chronic wounds
- TGF- $\beta 2$ for IBD patients

SPECIAL CONSIDERATIONS: Kidney disease: formulas with modified protein and electrolytes / Diabetes: formulas with slow-release & low glycemic index carbohydrates / Dysphagia: modified texture diets and thickened drinks / Malabsorption: peptide-based formulas with medium chain triglycerides



SARS-CoV-2 infection – Follow-up after hospital discharge

Gemelli Against COVID-19 – Patient Follow-up

