Continuity of Care with Home Nutrition Therapy

Expert Round
Inspire your daily practice



Prof. Jürgen Bauer



Prof. Simon Lal

…"Cohesive multi-disciplinary teamwork with the patient receiving home nutritional therapy and their family will improve their nutritional status and quality of life"…

Question

- How can we improve patient outcomes with home nutrition therapy?
- Why is sarcopenia an issue in patients on home EN and how can we improve the diagnosis and management of sarcopenia?
- What is critical in the discharge pathway of a patient with advanced cancer planned for Home PN?

Observations & ideas

- Malnutrition and sarcopenia are interrelated – patients should be screened for both, before discharge and regularly in the community.
- Sarcopenia has a high prevalence in tube-fed older adults[1] and is associated with poor quality of life and a significantly shorter survival time after PEG placement[2].
- In advanced cancer patients, the first step is to identify appropriate cases for home parenteral nutrition, with predicted survival of 1-3 months[4,5]:
  - Guidance for centralisation of intestinal failure and Home PN care for reduced complications[6].
  - Include education and support to patients and caregivers to administer safe HPN.
- Mean number of days between receipt of referral to discharge on HPN was reduced from **29.4 days to 10.1 days** in UK hospital with increased use of pre-made multi chamber bags in nearly all patients[3].

Take aways

- Sarcopenia is underrecognised in home EN patients: Weight and muscle strength via hand-grip strength should be monitored monthly.
- Nutritional interventions to fight sarcopenia include increasing energy and protein (1.2-1.5g/kg/day[7]), providing a high-quality protein source rich in leucine[8] and ensuring adequate vitamin D[9].
- 24*7 support from the multidisciplinary team as well as involvement of patients and caregivers is vital for successful HPN implementation.

Fresenius Kabi Expert Round
15th September 2025, ESPEN Congress, Prague, CZ

EN: Enteral nutrition; HPN: Home parenteral nutrition; PEG: Percutaneous endoscopic gastrostomy; PN: Parenteral nutrition.

1. Hubbard GO et al, Clinical Nutrition ESPEN, 2025, 68: P822; 2.Ono S et al. J Clin Med. 2023;12:3360; 3. Bond et al. J Hum Nutr Diet. 2019;32(4):492-500; 4. Muscaritoli M. et al. ESPEN practical guideline: Clinical Nutrition in cancer 2021;40(5):2898-2913; 5. Pironi et al. ESPEN guidelines on HPN. 2020;39(6):1645-1666; 6. Pironi et al Gut 2020;69(10):1787-1795; 7. Deutz NE et al. ESPEN Expert Group. Clin Nutr. 2014 33(6):929-36; 8. Bauer J et al. PROT-AGE Study Group. J Am Med Dir Assoc. 2013 14(8):542-59; 9. Giustina A et al. Consensus Statement on Vitamin D. Endocr Rev. 2024 12;45(5):625-654.

 Reproduction and distribution only with prior written authorization. For healthcare professionals only