

Complications and Consequences of DRM:

Increased incidence of ⁷⁻⁹

- poor wound healing
- ventilator dependency
- arrhythmia
- pneumonia
- impaired recuperation



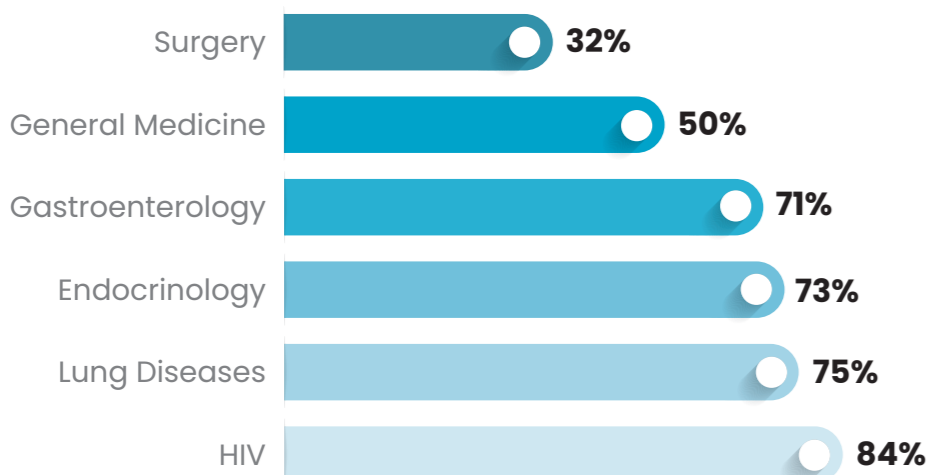
Elderly patients are particularly at risk for hypothermia, falls, and micronutrient deficiency.¹⁰

1.5X more unexpected hospital admissions/readmissions¹¹

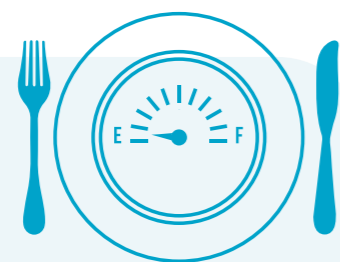
2X higher infections in DRM patients.⁷

3X higher clinical complications are in DRM patients.¹¹

1 in 3 cancer patients is malnourished.



Prevalence of Malnutrition by Diagnosis³



What is DRM?

Definition:

DRM is a specific clinical condition recognized as requiring urgent attention. It is driven by the disease process, leading to an inflammatory-catabolic state, weight loss, muscle mass loss, and a grouping of physical and cognitive dysfunctions that result in poor clinical outcomes.

Who is at Risk?:

Anyone with a disease process is at risk, regardless of their starting nutritional status.

61% of patients entering hospital are malnourished.³

54-72% of hospital patients are at risk for malnutrition.^{3,4}

2X Hospital stay is up to as long for DRM patients.⁸

CLINICAL IMPACT

01 Healthcare Professionals & Patient Outcomes

Medical professionals, hospital administrators.

01

Healthcare Policy & Strategy

Holistic DRM Management

Quality of Care & Patient Advocacy

02 Cost Management & Resource Allocation

Hospital administrators, policymakers, medical funders.

02

ECONOMIC IMPACT

Cost Implications of DRM:¹⁵

Malnourished patients are **2-10X** more expensive to treat.

- Clinical complications.
- Prolonged hospitalisation.
- Increased healthcare service utilisation.



Hospital Costs Related to DRM:¹⁶

- Malnutrition increases hospital costs by **60%**
- Treating malnourished patients requires significantly more resources and leads to higher overall healthcare costs.



Value of DRM Management:^{16,17}

Clinical Benefits: Achieving superior clinical outcomes in medical and surgical care pathways leads to simpler and more efficient clinical care.

Cost Savings: Proper DRM management can lower overall healthcare costs, reduce hospitalisation time, and decrease the likelihood of readmissions.

03 Legal Compliance & Patient Rights

Policymakers, legal professionals, patient advocates, medical funders.

03

4X higher

mortality in nutritionally compromised patients^{7,8}



Patient Rights:

Nutritional care is recognised as a fundamental patient right, supported by international charters and the South African Constitution.

Actions for HCPs:

Implement DRM screening and involve dietitians early to ensure ethical and effective patient management.

Duty of Care:

Healthcare professionals (HCP) are ethically obligated to address Disease-Related Malnutrition (DRM) as part of their commitment to patient care.



36%

of patients with nutrition risk are referred for nutrition support at any point in their healthcare journey, and only

8%

on admission or first contact with healthcare.³



Referral:

Involve a dietitian early in the patient's care pathway.

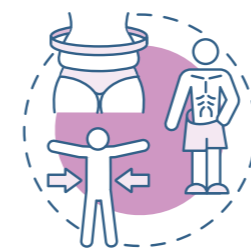
ETHICAL CONSIDERATIONS

Screening:

Establish DRM screening in your healthcare setting, including a basic screening checklist:¹⁴



Any unintentional weight loss or low BMI.



Visible signs of underweight or signs of wasting.



Early anorexia, low intake, or poor appetite.

A pressing clinical challenge requiring urgent attention.

Understanding Disease-Related Malnutrition (DRM)