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Malnutrition in the elderly – a more significant global problem than obesity

- *Targeted oral nutritional therapy can reduce healthcare costs and transform patient quality of life*
- *Coordinated team approach required for diagnosis and treatment*

Nyon, November 13, 2006 – Leading specialists have called for ‘an integrated team approach’ to tackle the growing, yet massively under-diagnosed problem of malnutrition in the elderly, the related costs of which are estimated to be double that for obesity¹. The call to action was made by experts discussing the latest research into the diagnosis and treatment of malnutrition of the elderly, presented at the “*Nutrition and Ageing – A Call to Action!*” satellite symposium on 20 October 2006 organized by Novartis Medical Nutrition. This was held at the European Society for Clinical Nutrition and Metabolism (ESPEN) medical congress in Istanbul 19-22nd October.

Failure to recognize and treat the effects of malnutrition in the elderly is costing some governments, in the UK for example, up to 10% of the total public expenditure on health². Surveys in European countries suggest that up to 60% of hospitalized patients can be malnourished, depending primarily on the type of hospital, type of ward, and the age of patients. However, hospital malnutrition represents the tip of the iceberg, since more than 95% of malnutrition exists in the community setting³.

A recent Health Economic report suggests that the cost of disease related malnutrition in the UK alone is more than £7.3 billion per year, with a disproportionately high expenditure (more than half) on those aged 65 years and over. This cost is greater than that for obesity (~£3.5 billion per year)⁴. A similar pattern can be expected in other developed economies.

Symposium Chairman Marinos Elia, Professor of Clinical Nutrition and Metabolism at the University of Southampton, UK explained that under-diagnosis and under-treatment of malnutrition in the elderly is having an adverse effect on the physical and psychosocial well-being of individuals and society as a whole. Age related decline in the functional capacity of tissues and of the whole body, frequently leads to disability, disease and dependency – along with a heavy social and health-economic cost.

Explaining the importance of responding to the trend toward an ageing society, Professor Elia said “Now is the time to close the gap between our potential to prevent, diagnose and treat malnutrition in the elderly and our current efforts to do so. In most countries, achieving this will require greater awareness amongst – and coordination of efforts between – health professionals, those involved in social care and the community at large. Key elements of the required continuity of care are screening for and diagnosis of malnutrition in the elderly, followed-up with targeted nutritional therapy that can reduce total healthcare costs and transform patient well-being.”

Fellow speaker and expert in dysphagia (i.e. difficulty in swallowing), Olle Ekberg, Professor of Diagnostic Radiology at Lund University, Malmö, Sweden, explained the advantages of oral feeding over tube feeding for elderly patients experiencing swallowing difficulties. Oral feeding leads to chewing and increased salivation. This results in a cleaner mouth, which means fewer virulent bacteria, reducing the incidence of aspiration pneumonia. Ekberg also highlighted the importance of modification of fluids, including the use of thickeners and carbonated liquids especially amongst high-risk groups, when patients cannot safely swallow thin liquids.

Dr. James Stubbs, Research Officer at Slimming World, Derbyshire, UK, explained that manipulation of appetite and intake can be a positive step to treat malnutrition and disease and overcome compliance issues, “Energy and nutrient intake of diseased patients can fall significantly short of healthcare professionals predictions as patients often fail to consume in totality the food and supplements given. A key factor in hospitalized patients is that foods are often unpalatable – i.e. certain types of pureed diets – and usually only available at mealtimes. Oral nutritional supplements (ONS) can overcome these constraints, especially if they are provided throughout the whole 24-hour period. ONS strategies that increased variety and flavor enhancement, the use of liquids instead of solid supplements and appealing packaging can also boost overall intake and ensure key nutritional requirements are met.”

Reinforcing the need of nutritional therapy for the elderly John Morley, Director, Geriatric Research Education and Clinical Centre, St. Louis Veterans Administration Medical Centre (VAMC), explained ageing is associated with multiple changes in hormones and cytokines. He illustrated that these lead to anorexia of ageing and a loss of muscle mass (sarcopenia), with fat infiltration into the muscle (myosteatosis) and that alterations in metabolic function can lead to a decline in cognition. “It is increasingly clear that appropriate nutrition can prevent undesirable weight loss in older persons and improve cognition,” concluded Morley.

Much has been done by the medical nutrition industry to address the nutritional needs of patients. Michel Gardet, CEO of Novartis Medical Nutrition, endorsed the need to take more action to reduce the occurrence and impact of malnutrition in hospitals and the community. “We recognize the challenges faced by physicians diagnosing and treating malnutrition and indeed the issue of patient compliance. This has focused our research efforts and we have recently introduced a range of oral nutritional supplements with a new, patented manufacturing process that seals in flavor. New design elements include easy-to-grip bottles and a longer, flexible straw making it easier for every drop of product to be consumed. The goal is to increase compliance to aid and enhance recovery and in the case of hospitalized patients, reduce the length of stay and improve quality of life.”

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Notes to editors:

1. The cost of disease related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults, M.Elia (Chairman and editor), R Stratton, C.Russell, C. Green, F.Pan;BAPEN,2005, plus statistics from the national Obesity Forum: www.nationalobesityforum.org.uk
2. OECD (Organization for Economic Co-operation and Development) 2006: public health expenditure on health in the UK was £82.211billion in 2004.
3. The number of malnourished patients in hospital = hospital beds in the UK x proportion with malnutrition. The total malnutrition in the community is based on national surveys (population size x proportion with malnutrition). This includes some assumptions about the population prevalence of malnutrition in younger adults. See 'The cost of disease related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults, M.Elia (Chairman and editor), R Stratton, C.Russell, C. Green, F.Pan;BAPEN,2005, plus statistics from the national Obesity Forum www.nationalobesityforum.org.uk.'
4. House of Commons Health Committee. Obesity (volume1). London: The Stationery Office Limited; 2004.