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**Reply to - Letter to the editor by Zhang et al entitled ‘ESPEN guideline on hospital diet nutrition’**

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**Author contributions**

RT & SCB wrote the letter; both authors approved the final submitted version of the manuscript.

**Conflict of interest**

The authors declare no conflicts of interest with regard to this letter.

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We thank very much Dr. Zhige Zhang and colleagues for their interest in our recently published ‘ESPEN guideline on hospital nutrition’ and for their lauding words [1]. We also noticed their words of criticism to which we would like to reply briefly.

The objective of our guideline was actually to give for the first time at an international level and from an academic society, clear recommendations about how to manage and prescribe diets in hospital. Indeed, our guideline is only about oral nutrition, not about medical nutrition such as oral nutritional supplements, enteral or parenteral nutrition. To these aims we invite the authors to refer to the numerous disease-related ESPEN guidelines. Despite food is considered as a care since the greek Antiquity (Hippocrates, 5<sup>th</sup> century BC), recommendations about this topic were deeply lacking.

In English language, the term ‘hospital nutrition’ is used quite synonymous to ‘hospital food’, or even ‘hospital diet’, whereas the term ‘hospital diet nutrition’ is not really established. We have intentionally chosen the wording ‘hospital nutrition’ to emphasize the fact that a major aim of food supply at hospital is to act as a part of therapy and thus to help patients improving their health and getting better. In particular, our goal is that hospital nutrition, put into practice through the newly proposed ‘hospital diet’, would help preventing malnutrition or avoid its worsening. Of course, hospital nutrition will never substitute to enteral and parenteral nutrition whenever it is needed. In our guideline, the authors will find any information they need for prescribing diets, and choosing the right ones indicated for particular diseases.

Nutritional status is indeed an important factor that needs to be assessed and considered for the selection of the diet. Symptoms and wills of patient are also of importance in this context and need to be considered; however it addresses something else. Symptoms cover more than nutritional status and will of patients is even in some extent independent of nutritional status. For example, we recommend in malnourished patients or those at risk for malnutrition to use a protein- and energy-enriched diet named ‘hospital diet’ to prevent malnutrition or avoid its

worsening. Therefore, screening and assessment for malnutrition according to the “GLIM criteria” is a need that exists independently from symptoms and will of the patients [2]. In conclusion, we hope that you and many others will profit from this guideline and thank again for the comments.

## **References**

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