

REFERÊNCIAS BIBLIOGRÁFICAS

Sanfona SNO – Você sabia que somente 4% dos pacientes desnutridos recebem suplemento durante a internação?

1. Waitzberg DL, Caiaffa WT, Correia MI. Hospital malnutrition: The brazilian national survey (IBRANUTRI): A study of 4000 patients. *Nutrition* 2001;17:573-58
2. Bauer, J. M., Verlaan, S., Bautmans, I., et al. Effects of a Vitamin D and Leucine-Enriched Whey Protein Nutritional Supplement on Measures of Sarcopenia in Older Adults, the PROVIDE Study: A Randomized, Double-Blind, Placebo-Controlled Trial. *Journal of the American Medical Directors Association*, v. 16, n. 10, p. 740-747, 2015
3. Paddon-Jones D. et al. *Curr Opin Clin Nutr Metab Care*. 2009 Jan;12(1):86-90.
4. Cruz-Jentoft AJ. et al. Writing Group for the European Working Group on Sarcopenia in Older People 2 (EWGSOP2), and the Extended Group for EWGSOP2. Sarcopenia: revised European consensus on definition and diagnosis. *Age Ageing*. 2019 Jan 1;48(1):16-31.
5. Morley, J. et al. Frailty Consensus: a call to action. *J Am Med Dir Assoc* 2013, June; 14(6): 392–397
6. Norman K, Pichard C et al. Prognostic impact of disease-related malnutrition. *Clin Nutr*. 2008 Feb;27(1):5-15.
7. Correia MI, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. *Clin Nutr*. 2003 Jun;22(3):235-9.
8. Lombard K, et al. Compliance of energy-dense, small volume oral nutritional supplements in the daily clinical practice on a geriatric Ward—an observational study. *J Nutr Health Aging*, 2014;18(7):649-653.
9. Hubbard GP, et al. A systematic review of compliance to oral nutritional supplements. *Clin nutri*, 2012;31(3):293-312
10. Bauer, J. Et al. Evidence-Based Recommendations for Optimal Dietary Protein Intake in Older People: A Position Paper From the PROT-AGE Study Group. *JAMDA* 14 (2013)
11. Volkert D. et al. ESPEN guideline on clinical nutrition and hydration in geriatrics. *Clinical Nutrition* (2018) 1e38.
12. BRASPEN. Diretriz Braspen de terapia nutricional no envelhecimento. 2019.
13. Cálcio: França NAGF, Martini LA. Funções Plenamente Reconhecidas de Nutrientes - Cálcio / ILSI Brasil, 2018.
14. Vitamina D: Giudici KV, Peters BSE, Martini LA. Funções Plenamente Reconhecidas de Nutrientes - Vitamina D / ILSI Brasi, 2018.

15. Vitamina C: VANNUCCHI H, ROCHA MM. Funções Plenamente Reconhecidas de Nutrientes – Ácido Ascórbico (Vitamina C) / ILSI Brasil. V21. 2018.
16. Zinco: COMINETTI, C, REIS BZ, COZZOLINO MF. FUNÇÕES PLENAMENTE RECONHECIDAS DE NUTRIENTES: ZINCO. ILSI BRASIL, 2017.
17. Izar MCO, et al. Posicionamento sobre o Consumo de Gorduras e Saúde Cardiovascular – 2021. Arq Bras Cardiol. 2021; 116(1):160-21
18. Coppini, LZ et al. Recomendacoes Nutricionais para Adultos em Terapia Nutricional Enteral e Parenteral. DITEN, 25-34, 2011
19. Matos LBN et al. Campanha Diga Não à Lesão por Pressão. BRASPEN J 2020; 35 (Supl 1):2-32.
20. European Pressure Ulcer Advisory Panel - EPUAP - Prevenção e tratamento de úlceras por pressão / lesões: prática clínica Diretriz. A Diretriz Internacional. Emily Haesler (Ed.). EPUAP / NPIAP / PPPIA: 2019.
21. Mendes D, et al. A importância da nutrição no processo de Cicatrização de Feridas. Revista Científica Univiçosa. 2017; 9(1).
22. Meyers NA. et al. Nutrient support of the healing wound. New Horiz. 1994; 2(2):202-214.
23. Scholl D et. al. Nutrient recommendations for wound healing. Journal of Intravenous Nursing. 2001; 24 (2): 124-132.
24. Diretrizes da Sociedade Brasileira de Diabetes 2019-2020
25. Rasmussen SE, Andersen NL, Dragsted LO, Larsen JC. A safe strategy for addition of vitamins and minerals to foods. Eur J Nutr. 2006;45(3):123-35.
26. Vaisman N, Haenen GR, Zaruk Y et al. Enteral feeding enriched with carotenoids normalizes the carotenoid status and reduces oxidative stress in long-term enterally fed patients. Clin Nutr. 2006 Dec;25(6):897-905
27. Silva FM, et al. Papel do índice glicêmico e da carga glicêmica na prevenção e no controle metabólico de pacientes com diabetes melito tipo 2. Arq Bras Endocrinol Metab. 2009;53/5
28. DIRETRIZES DA SOCIEDADE BRASILEIRA DE DIABETES 2019-2020. Parte 4 – Tratamento do diabetes mellitus: medidas de estilo de vida.
29. Lansink M. et al. Lower postprandial glucose responses at baseline and after 4 weeks use of a diabetes-specific formula in diabetes type 2 patients. Diabetes Res Clin Pract. 2011 Sep;93(3):421-9
30. Maresch CC. et al. Low Glycemic Index Prototype Isomaltulose—Update of Clinical Trials/ Nutrients 2017, 9, 381
31. Ley SH. et al. Prevention and management of type 2 diabetes: dietary components and nutritional strategies. www.thelancet. com Vol 383 June 7, 2014;
32. Magnoni D, et al. Long-term use of a diabetes-specific oral nutritional supplement results in a low-postprandial glucose response in diabetes patients. Diabetes Res Clin Pract. 2008 Apr;80(1):75- 82

33. Mello, V; Laaksonen, D. Fibras na dieta: tendencias atuais e beneficios a saude na síndrome metabolica e no diabetes melito tipo 2. *Arq Bras Endocrinol Metab.* 2009;53/5.
34. Stratton RJ, Marinos E. A review of reviews: A new look at the evidence for oral nutritional supplements in clinical practice. *Clinical Nutrition Supplements*, 2007;2: 5–23
35. Faxen Irving G, Cederholm T. Energy rich formula distribution at medication rounds to elderly geriatric patients: feasibility and potential effects on energy intake. *Clinical Nutrition* (2007) 2, 33- 34.
36. Hubbard GP, et al. A randomized, controlled trial of the effects of an energy dense supplement on energy intake, appetite and blood lipids in malnourished community-based elderly patients. *J Human Nut and Dietetics*, 2008;21(4):390-391
37. Bischoff et al. ESPEN guideline on home enteral nutrition. *Clinical Nutrition* 39 (2020) 5-22 26.
38. Arends et al. ESPEN guidelines on nutrition in cancer patients. *Clinical Nutrition* 36 (2017) 11-48
39. Yagmurdur H, Leblebici F. Enteral nutrition preference in critical care: fibre-enriched or fibre-free? *Asia Pac J Clin Nutr.* 2016 Dec;25(4):740-746.
40. Baxter. Bases conceituais da nutrição enteral. In: Rossi L, Poltronieri F (Orgs). *Tratado de nutrição e dietoterapia*. Rio de Janeiro: Guanabara Koogan; 2019. pp. 921-8
41. Baxter YC et al. Critérios de decisão na seleção de dietas enterais. In: Rossi L, Poltronieri F (Orgs). *Tratado de nutrição e dietoterapia*. Rio de Janeiro: Guanabara Koogan; 2019. pp. 929-38.
42. Zambelli CMSF, et al. Diretriz BRASPEN de Terapia Nutricional no Paciente com Doença Renal. *BRASPEN J* 2021; 36 (2o Supl 2): 2-22.
43. Fiaccadori E, et al. ESPEN guideline on clinical nutrition in hospitalized patients with acute or chronic kidney disease. *Clinical Nutrition* 40 (2021) 1644e1668.
44. Ikizler TA, Cuppari L. The 2020 Updated KDOQI Clinical Practice Guidelines for Nutrition in Chronic Kidney Disease. *Blood Purif* 2021;50:667–671
45. Almeida, C. C., Conte Júnior, C. A., Silva, A. C. O., Alvares, T. S. Proteína do soro do leite: composição e suas propriedades funcionais. *Conhecer*, 2013
46. Qiu C, Chen C, Zhang W, Kou Q, Wu S, Zhou L, et al. A Fat-Modified Enteral Formula Improves Feeding Tolerance in Critically Ill Patients: A Multicenter, Single-Blind, Randomized Controlled Trial. *JPEN J Parenter Enteral Nutr.* 2015
47. Pinto, D. et al. Associações entre ingestão energética, proteica e de fósforo em pacientes portadores de doença renal crônica em tratamento hemodialítico *Braz. J. Nephrol.* 31 (4). Dez 2009.