

# Personalized Food in Health Tourism: the importance of food and taste steering

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# Overview

- ▶ Personalizing Care
- ▶ Health Tourism
- ▶ NutriLive (EIP/AHA)
- ▶ Example: Selective Taste Steering



# Personalizing care

- ▶ The practice of medicine stands at the threshold of a **transformation** from its current focus on the treatment of disease events to an emphasis on enhancing health, preventing disease and **personalizing care** to meet each individual's specific health needs.



# Personalizing care

- ▶ Whether it's someone's genetics, eating habits or response to medication, health is a collection of activities and behaviors that are anything but general.
- ▶ However, many healthcare solutions are one-size-fits-all: everyone is supposed to eat a Mediterranean diet; all of us should visit the gym 3 times a week; and everybody needs to take aspirin to prevent heart disease.
- ▶ These generalized healthcare recommendations cannot take into account all the nuance and complexity of each individual.



# Health tourism

- ▶ More and more people around the world are bypassing their local medical providers. A number of factors are contributing directly or indirectly to health tourism's explosive growth.
- ▶ Whether the prime motivator is affordability, accessibility, availability or better quality, health tourism's popularity is fueled by a **rapidly growing market** of potential customers who are looking outside traditional healthcare models for solutions to their **personal healthcare needs**.
- ▶ It is a movement of patients in search of **value**.

# Health tourism

- ▶ The challenge of personalized food and nutrition in health tourism includes:

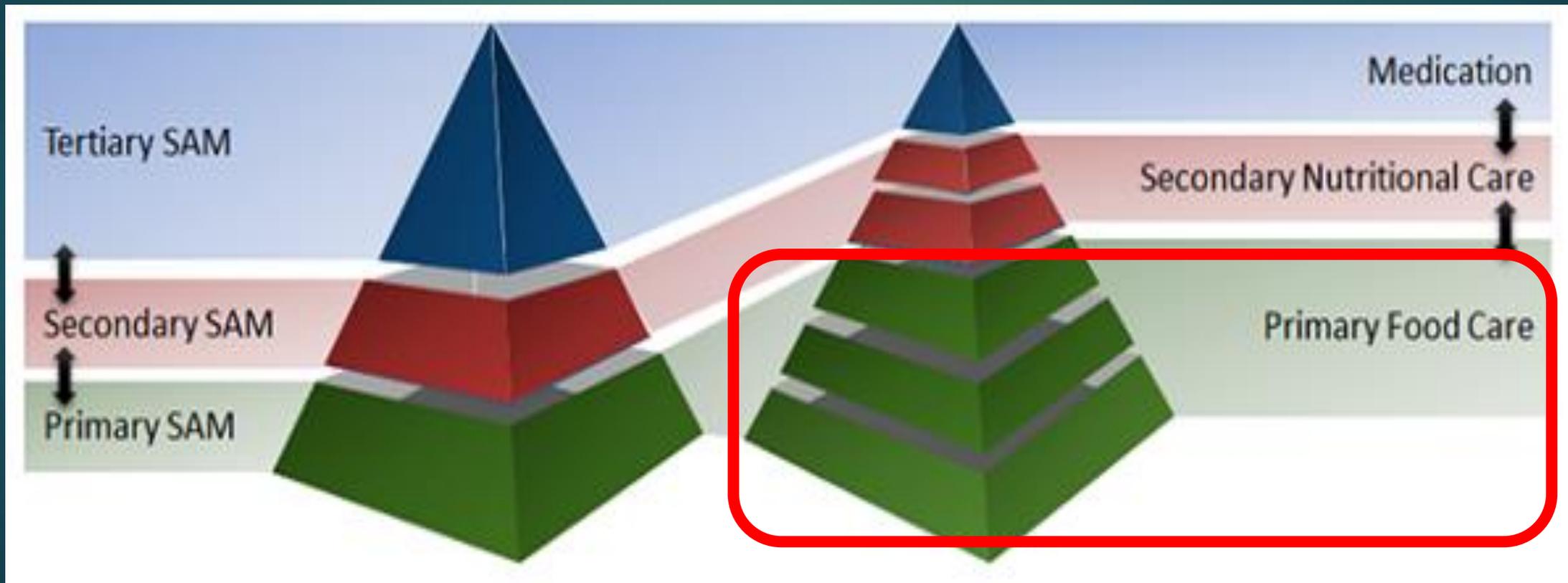
## patients

- ▶ Age- disease & treatment related taste disturbances, chewing and swallowing problems
- ▶ Food allergies
- ▶ Individual food likes/dislikes and cultural differences
- ▶ Religiously imposed restrictions

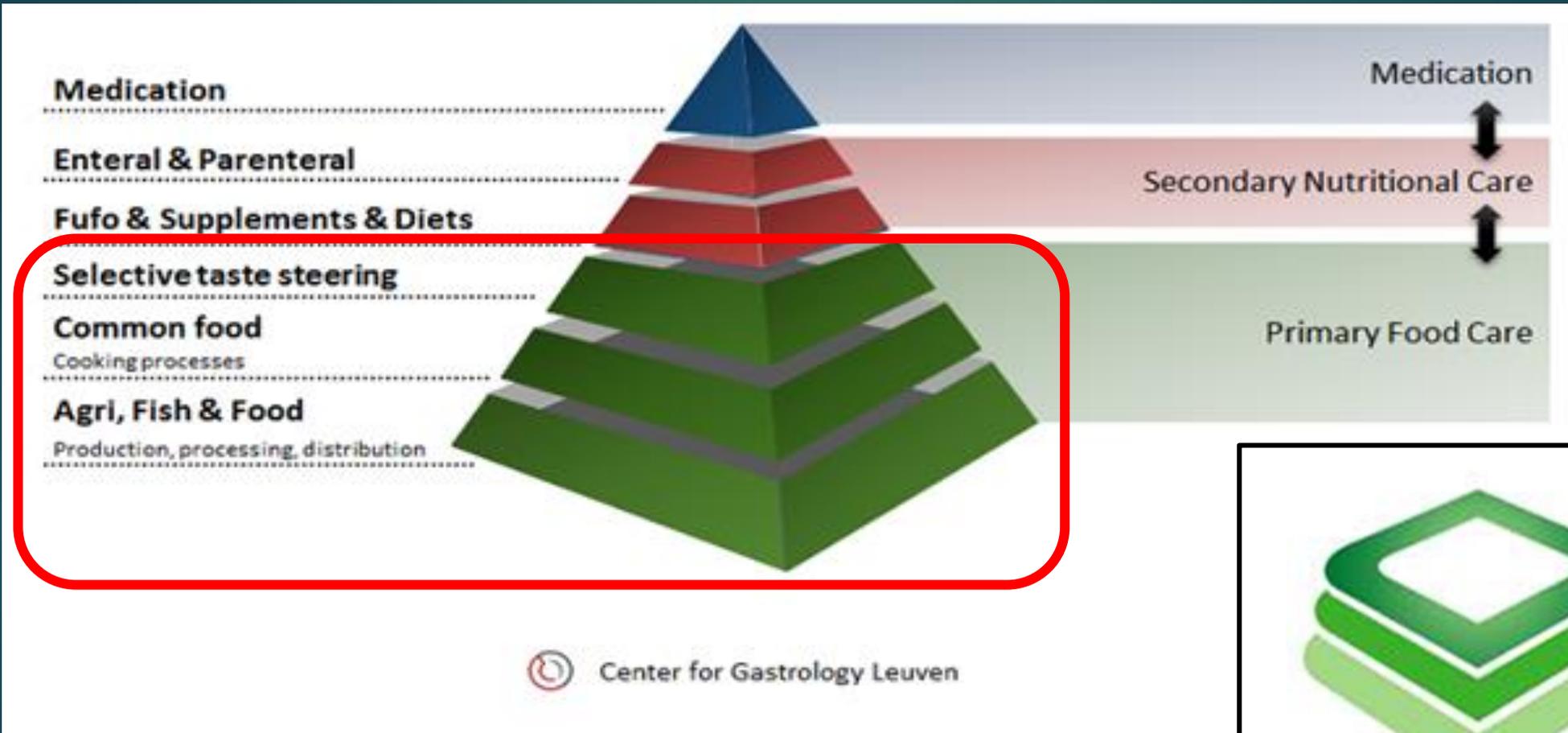
## Health Care Staff

- ▶ Knowledge gap & education need (nurses, chefs, a.o.)

**NutriLive**: the first common European program (EIP/AHA) translating an integrated approach to nutritional frailty in terms of a multidimensional and transnational methodology



# NutriLive: Action Pyramid



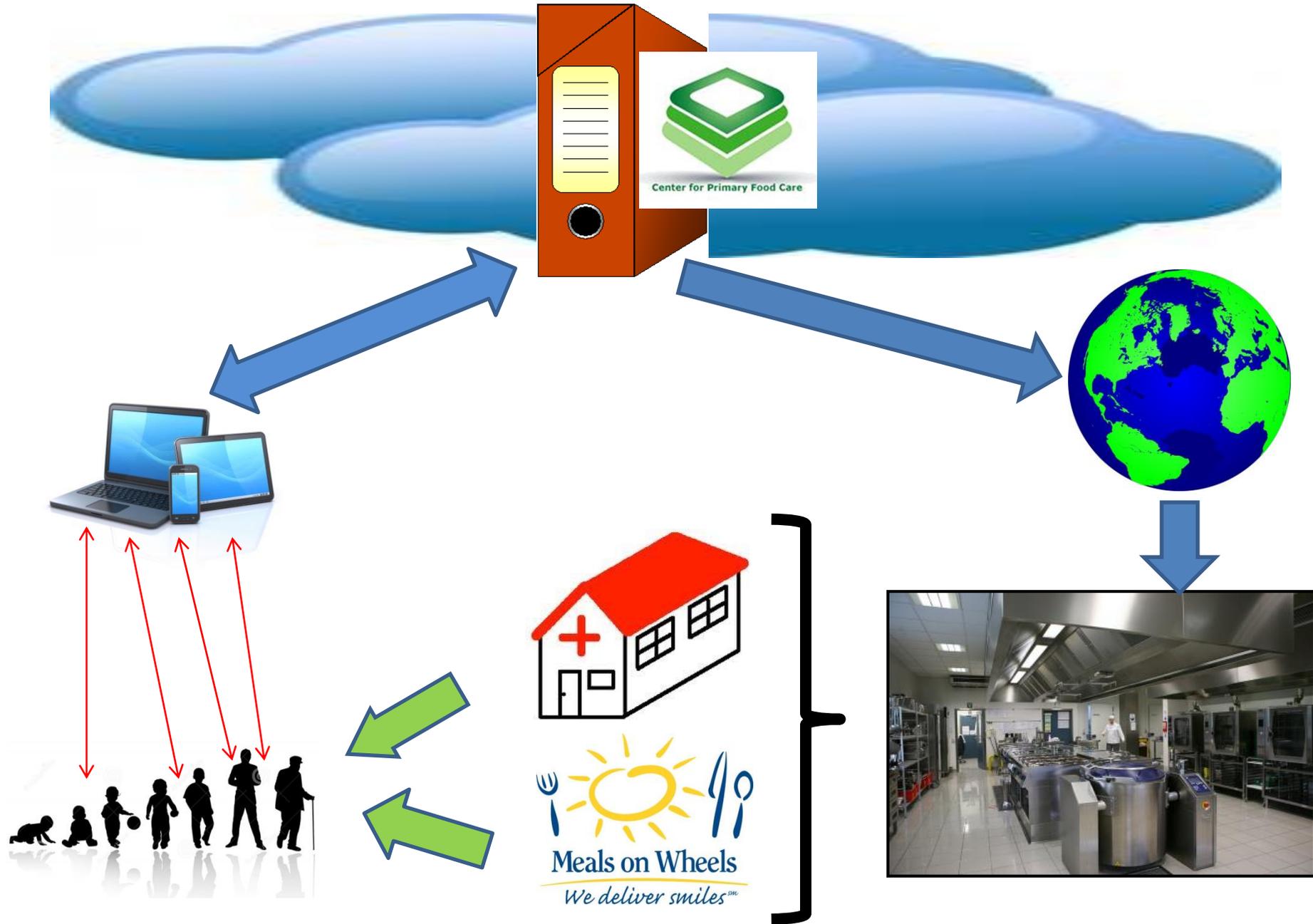
## Selective taste steering of bread

based on individual food hedonics profile of patients suffering chemotherapy induced taste disorders: promising results of a first phase pilot study.

Variables		Intervention (n=19)		Control (n=16)	
		Mean (SD)	p	Mean (SD)	p
<b>Bodyweight (Kg)</b>	Start	74.2 (13.7)		73.0 (16.7)	
	After 3 weeks	74.2 (13.5)	0.979	68.0 (13.7)	0.875
<b>BMI (Kg/L<sup>2</sup>)</b>	Start	25.2 (4.1)		25.9 (5.7)	
	After 3 weeks	25.1 (3.8)	0.959	24.1 (4.3)	0.861
<b>EORTC QLQ-C30 scores</b>					
<b>Global wellbeing</b>	Start	50.8 (24.0)		52.1 (18.9)	
	After 3 weeks	51.3 (16.0)	0.255	47.8 (21.7)	0.239
<b>Nausea/vomiting</b>	Start	19.8 (25.2)		20.3 (23.5)	
	After 3 weeks	8.8 (12.9)	0.050	17.5 (25.1)	0.172
<b>Insomnia</b>	Start	27.1 (32.2)		36.5 (33.2)	
	After 3 weeks	31.6 (26.0)	0.053	45.6 (27.7)	0.617
<b>Reduced appetite</b>	Start	45.8 (34.7)		38.5 (37.0)	
	After 3 weeks	28.1 (25.5)	0.400	33.3 (38.5)	0.758
<b>Constipation</b>	Start	21.9 (31.2)		30.2 (36.3)	
	After 3 weeks	10.5 (19.4)	0.368	31.5 (33.3)	0.506
<b>Diarrhea</b>	Start	27.1 (34.3)		24.7 (35.5)	
	After 3 weeks	7.0 (14.0)	0.050	7.0 (17.8)	0.171



# (Shared) Digital Food Platform





HEALTH