Oral nutritional supplement (ONS) procurement for IBD in Italy: regional variation associated with exclusion from the Essential Levels of Care (LEA)

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AIM

Analyze the **impact** of **extra-LEA-ONS** for patients with **inflammatory bowel disease (IBD)** on **regional disparities in procurement**, comparing tender based requirements and the real prevalence of malnourished patients per italian regions.

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BACKGROUND

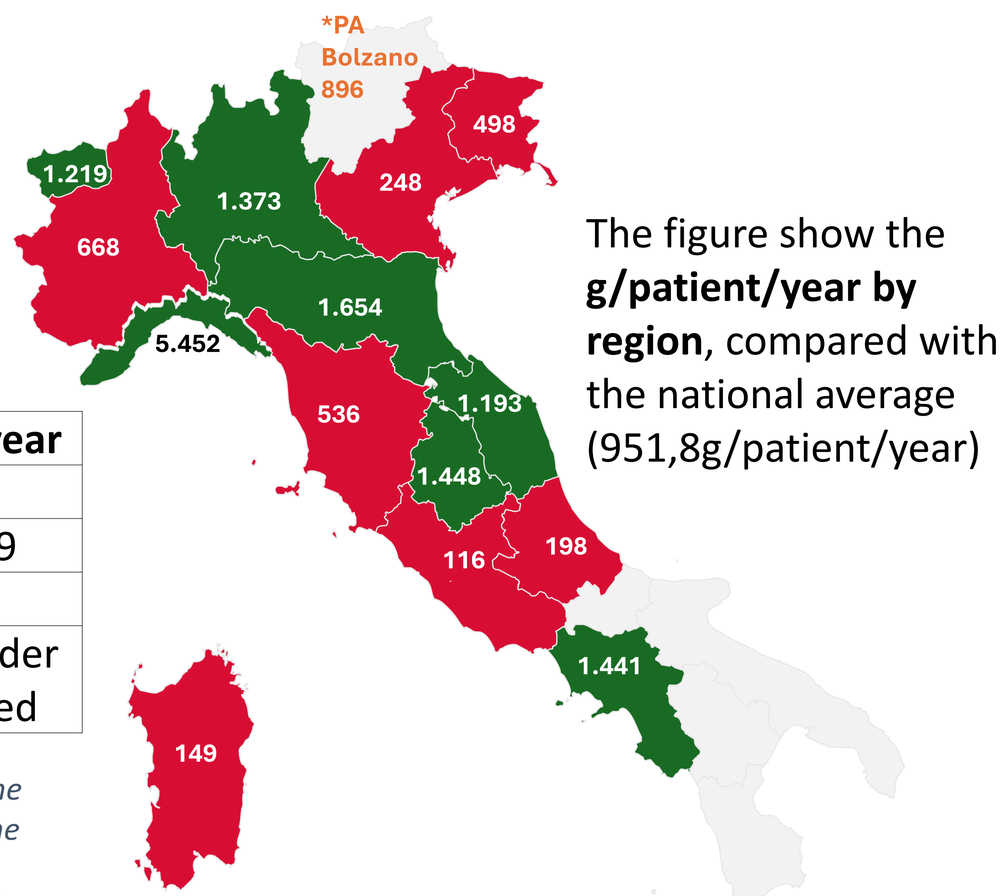
ESPEN guidelines for nutrition in IBD[7] **recommend the use of oral nutritional supplements (ONS)** as first-line treatment in the presence of malnutrition; however, in Italy these IBD-ONS are **not included in the Essential Levels of Care (LEA)**, and their provision is delegated to individual Regions, resulting in significant **heterogeneity at the national level.**

METHODS

Retrospective observational analysis: 1) Identified regional public tenders (2023-2025) for enteral nutrition via regional contracting authorities and ANAC Authority; 2) Identified IBD-ONS lots 3) Extracted procurement volumes (g) per IBD lot; 4) Calculated annual volume (g/year) dividing awarded quantity by tender duration; 5) Estimated malnourished IBD patients per region (2025 ISTAT population data); 6) Derived national mean procurement (g/patient/year); 7) Calculated g/patient/year/region; 8) **Classified regions vs national mean**: Medium (±25%), High (≥25%), Low (≤25%).

RESULTS

National mean ONS procurement was 951.8 g/patient/year, with **wide regional variability:**



The figure show the **g/patient/year by region**, compared with the national average (951,8g/patient/year)

Ranking	g/patients/year
High	≥1.189
Medium*	714 - 1.189
Low	≤714
N.d.	Regional tender not identified

Thresholds defined as ±25 % of the national average purchase volume (951.8 g/patient/year)
**No regional tender listed in Medium ranking*

CONCLUSIONS

Nationally, IBD-ONS procurement (mean 951.8 g/patient/year, ≈13 kcal/day) covers only a fraction of ESPEN-recommended intake (400 kcal/day for malnourished IBD patients). This inadequacy is compounded by **marked regional heterogeneity (0.2–14.3 units/patient/year)**, a direct **consequence of IBD-ONS exclusion from the LEA** and delegation to regional discretion. **Including IBD-ONS in the LEA would** both **close the guideline gap** and **harmonize access across Italian regions**.

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