

Alessandro Laviano

Università La Sapienza, Roma

Green Pathways in Clinical Nutrition: Evidence Based Innovation, Ethics and Governance (for the NetZero Era)

27 - 29 novembre 2025

Padova Congress
Via Carlo Goldoni 8, Cancellò C - Padova

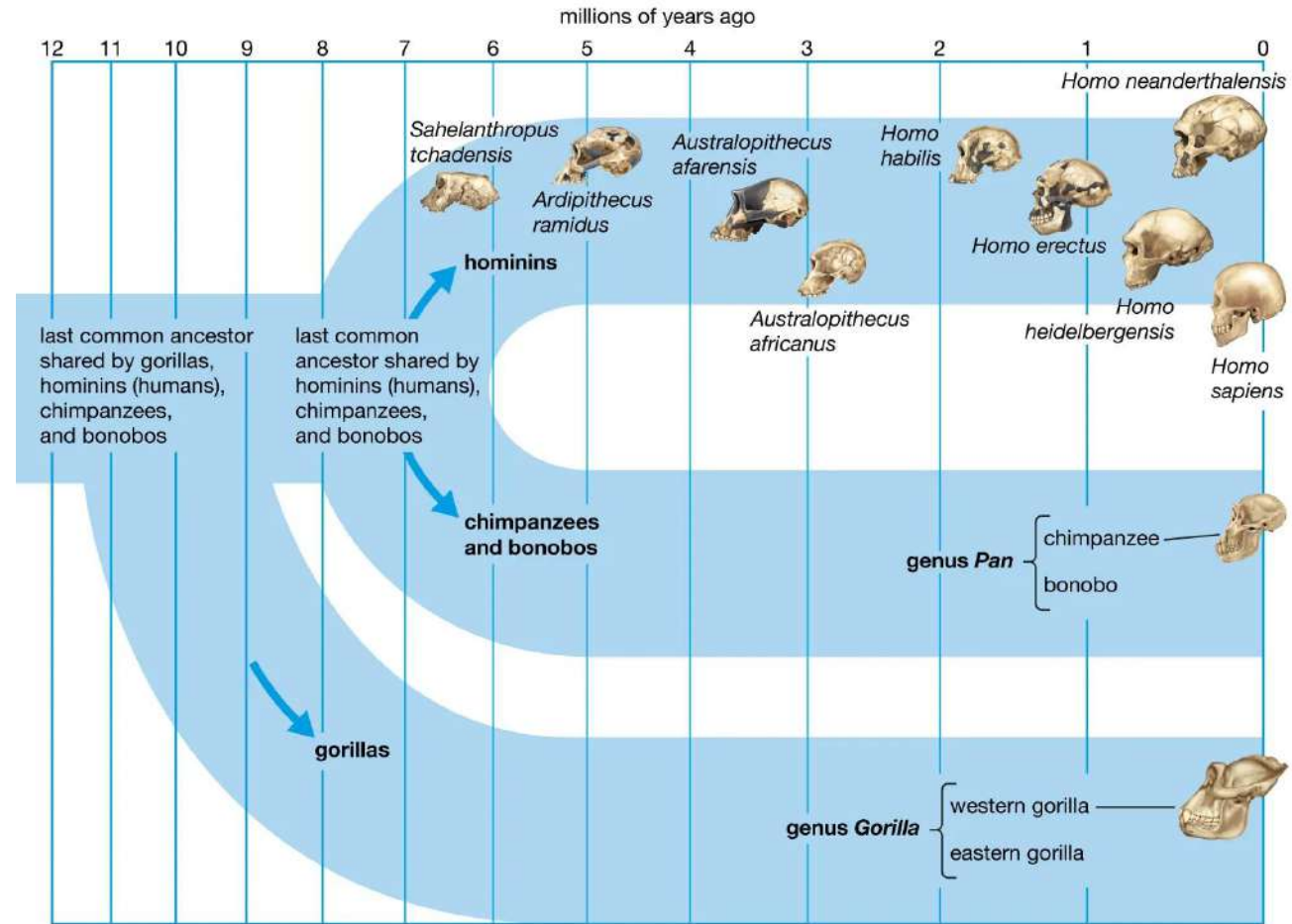


Ἐν ἀρχῇ ἦν ὁ λόγος

Da preda a predatore

Meta-learning provides a robust framework to discern taxonomic carnivore agency from the analysis of tooth marks on bone: reassessing the role of felids as predators of *Homo habilis*

R. Soc. Open Sci. 12: 250548



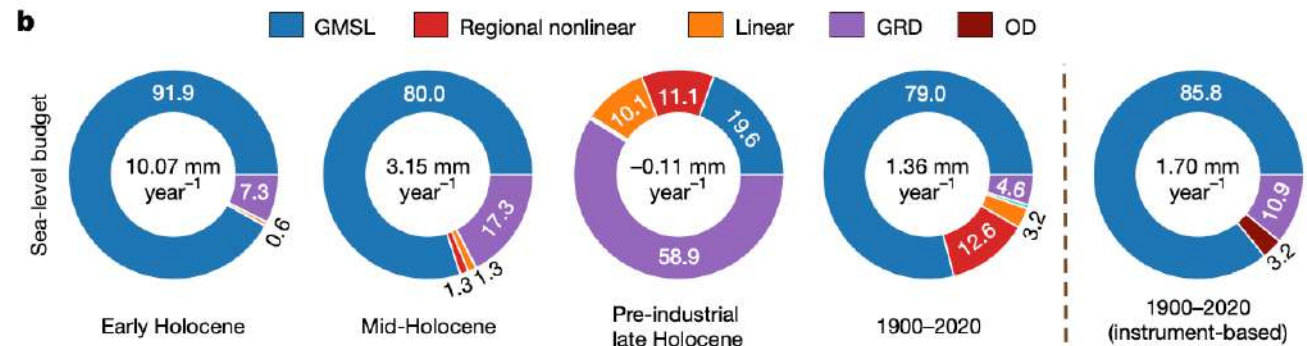
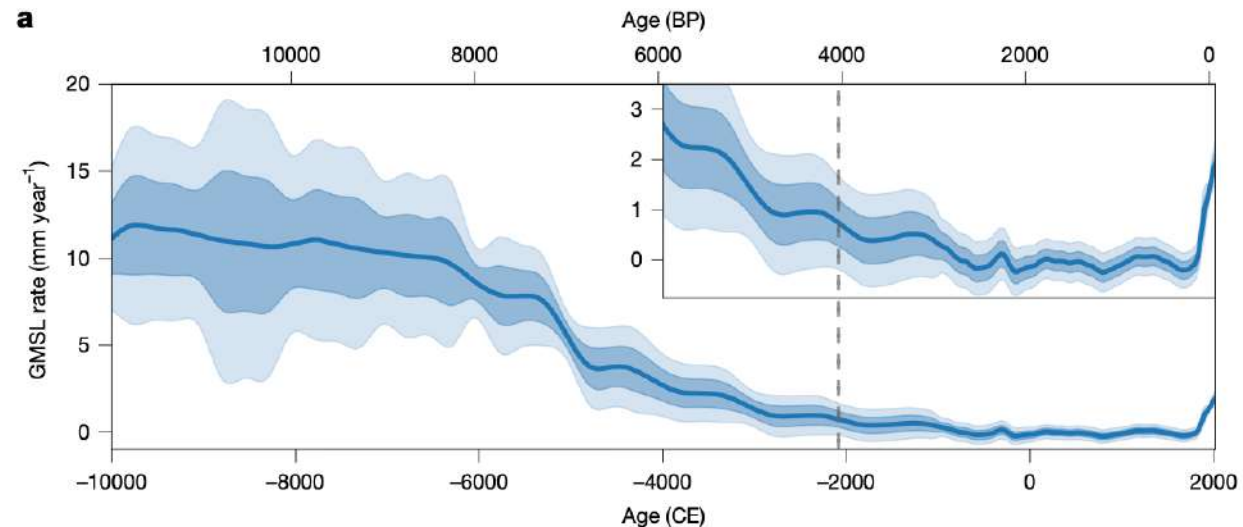
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Congresso Nazionale SINPE 2025

CLINICAL NUTRITION: shaping a better future of health care

Modern sea-level rise breaks 4,000-year stability in southeastern China

Yucheng Lin^{1,2,✉}, Robert E. Kopp^{1,3}, Haixian Xiong^{4,5}, Fiona D. Hibbert⁶, Zhuo Zheng⁷, Fengling Yu⁸, Praveen Kumar^{1,3}, Sönke Dangendorf⁹, Hailin Yi¹⁰ & Yaze Zhang¹¹

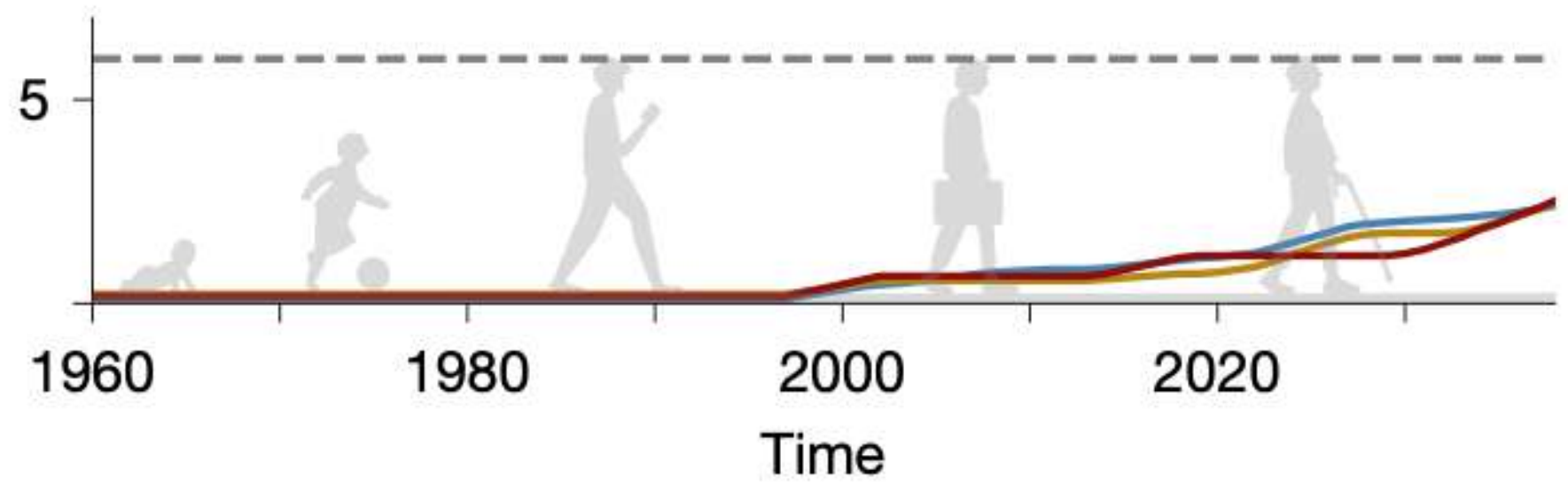


Global emergence of unprecedented lifetime exposure to climate extremes

Luke Grant^{1,2}, Inne Vanderkelen^{1,3,4}, Lukas Gudmundsson⁵, Erich Fischer⁵,
Sonia I. Seneviratne⁵ & Wim Thiery¹

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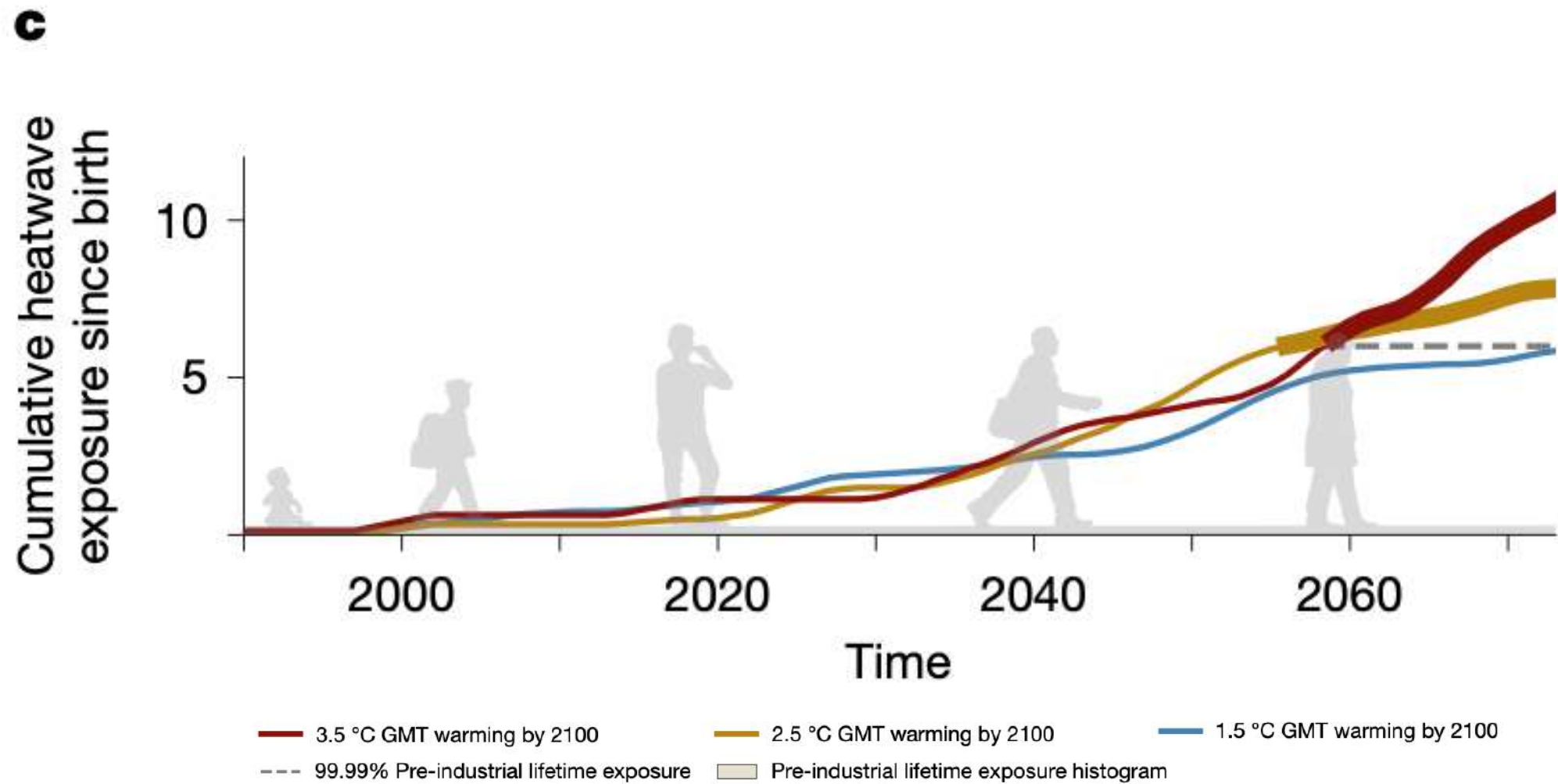
Cumulative heatwave exposure since birth



— 3.5 °C GMT warming by 2100 — 2.5 °C GMT warming by 2100 — 1.5 °C GMT warming by 2100
- - - 99.99% Pre-industrial lifetime exposure Pre-industrial lifetime exposure histogram

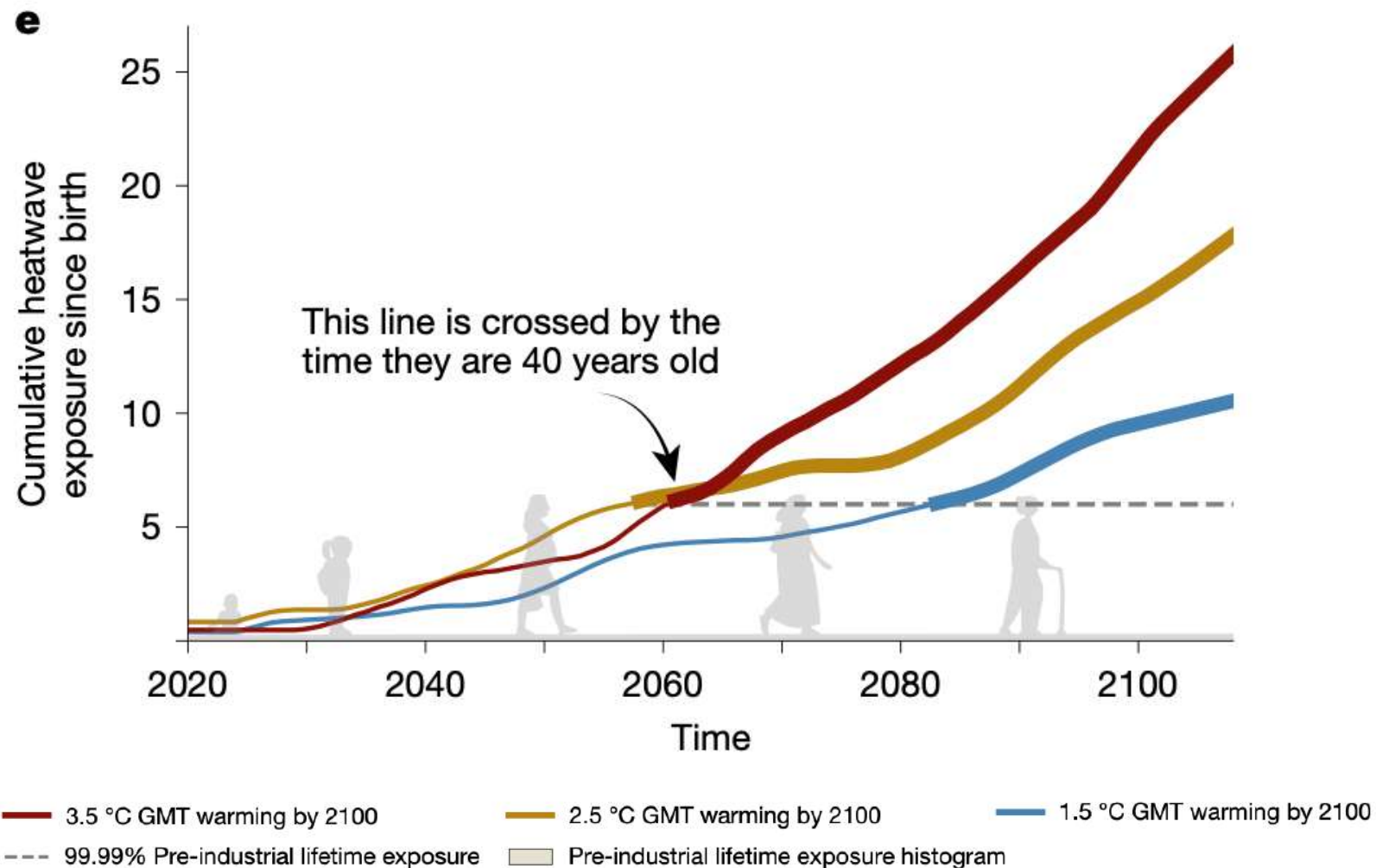
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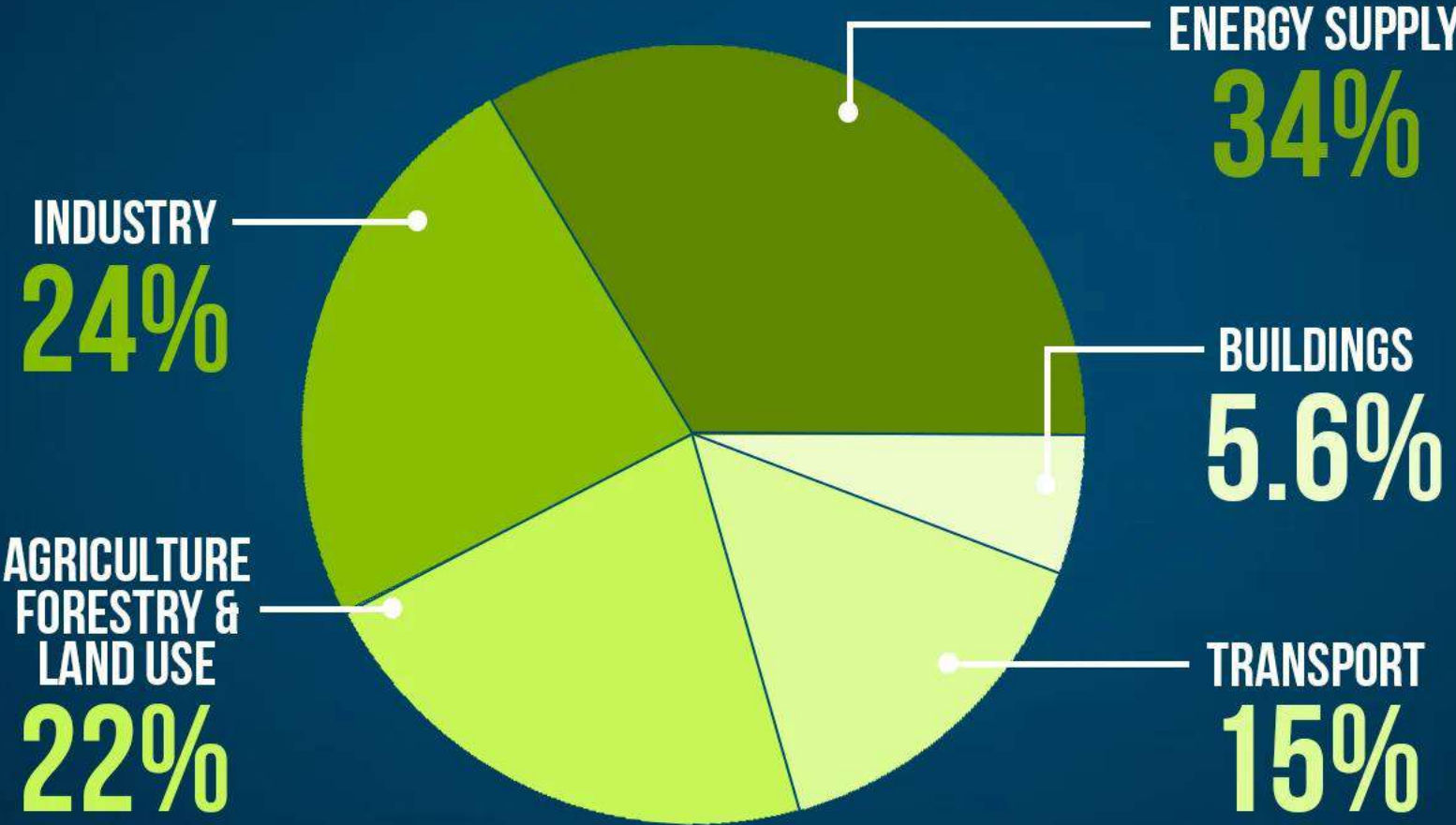




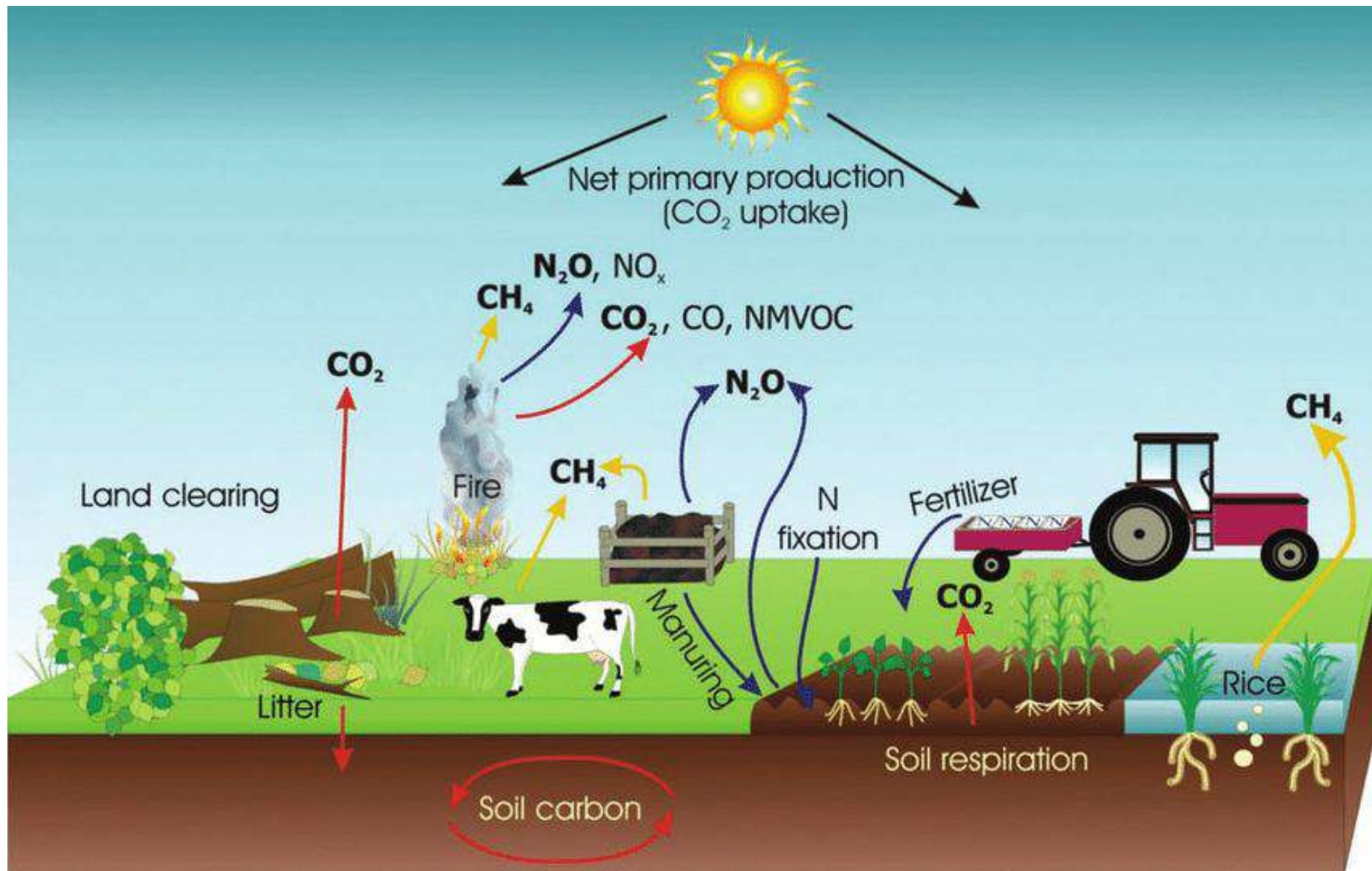
Food as a determinant of climate changes

GREENHOUSE GAS EMISSIONS

Global Emissions by Sector

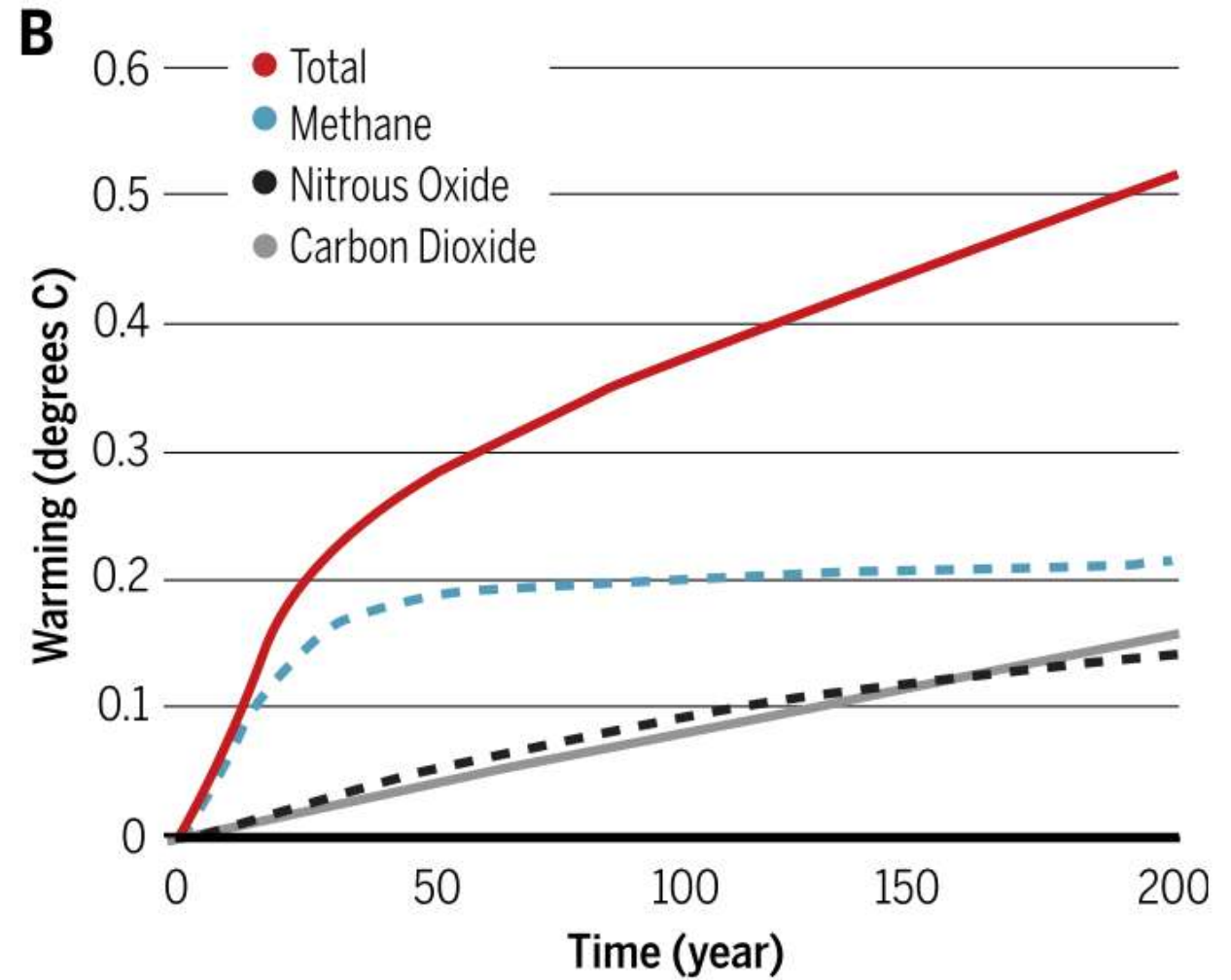
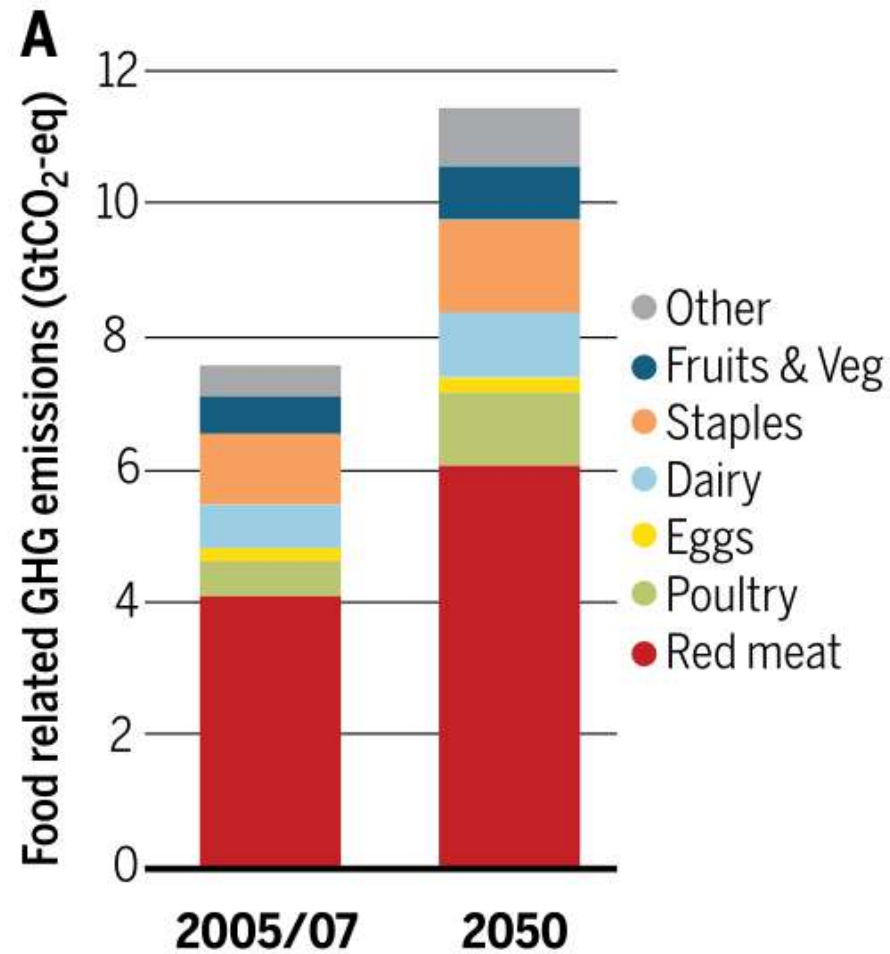


Global greenhouse gas emissions (2019) by sector.
Source: IPCC



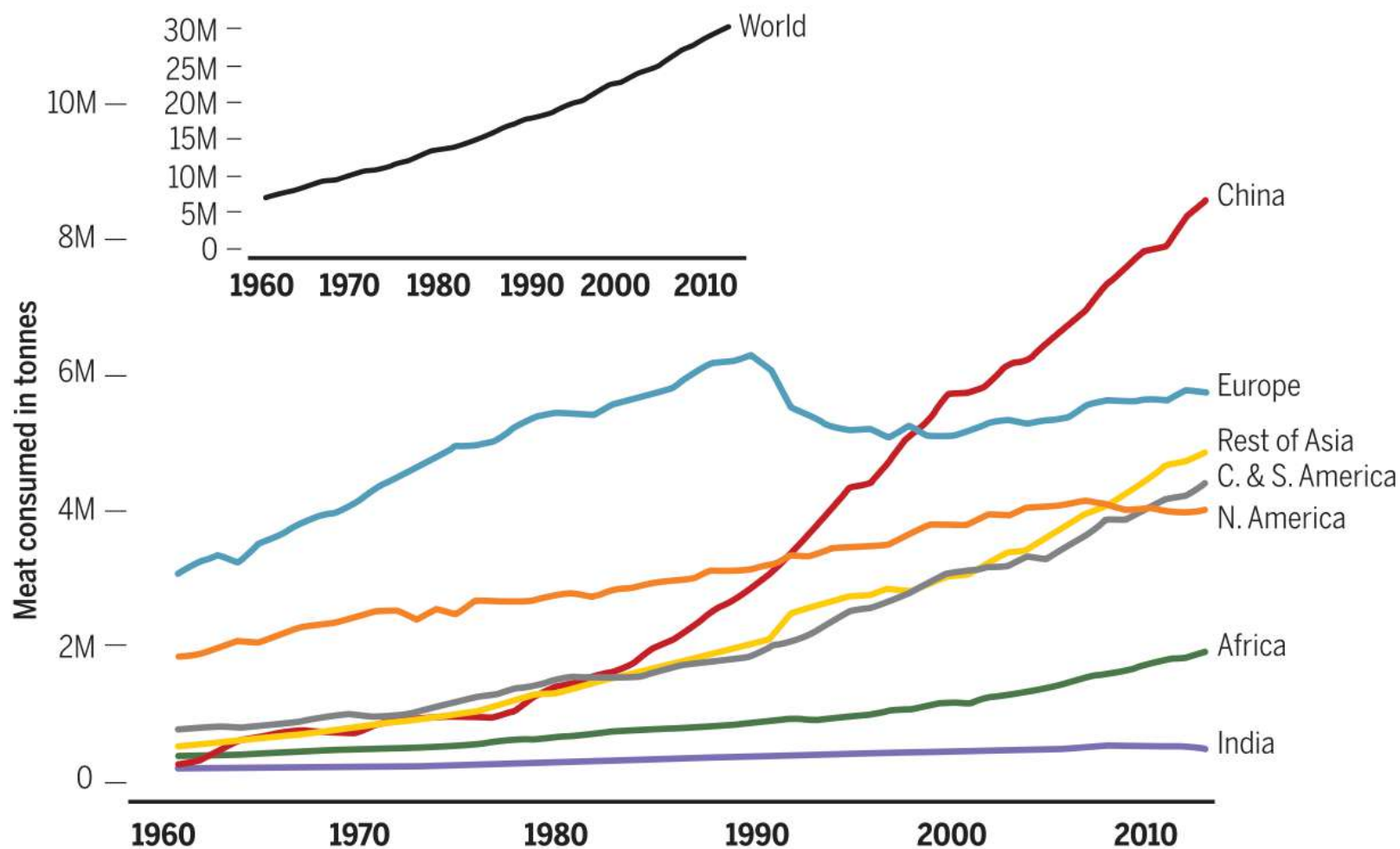
Meat consumption, health, and the environment

Godfray *et al.*, *Science* **361**, 243 (2018)



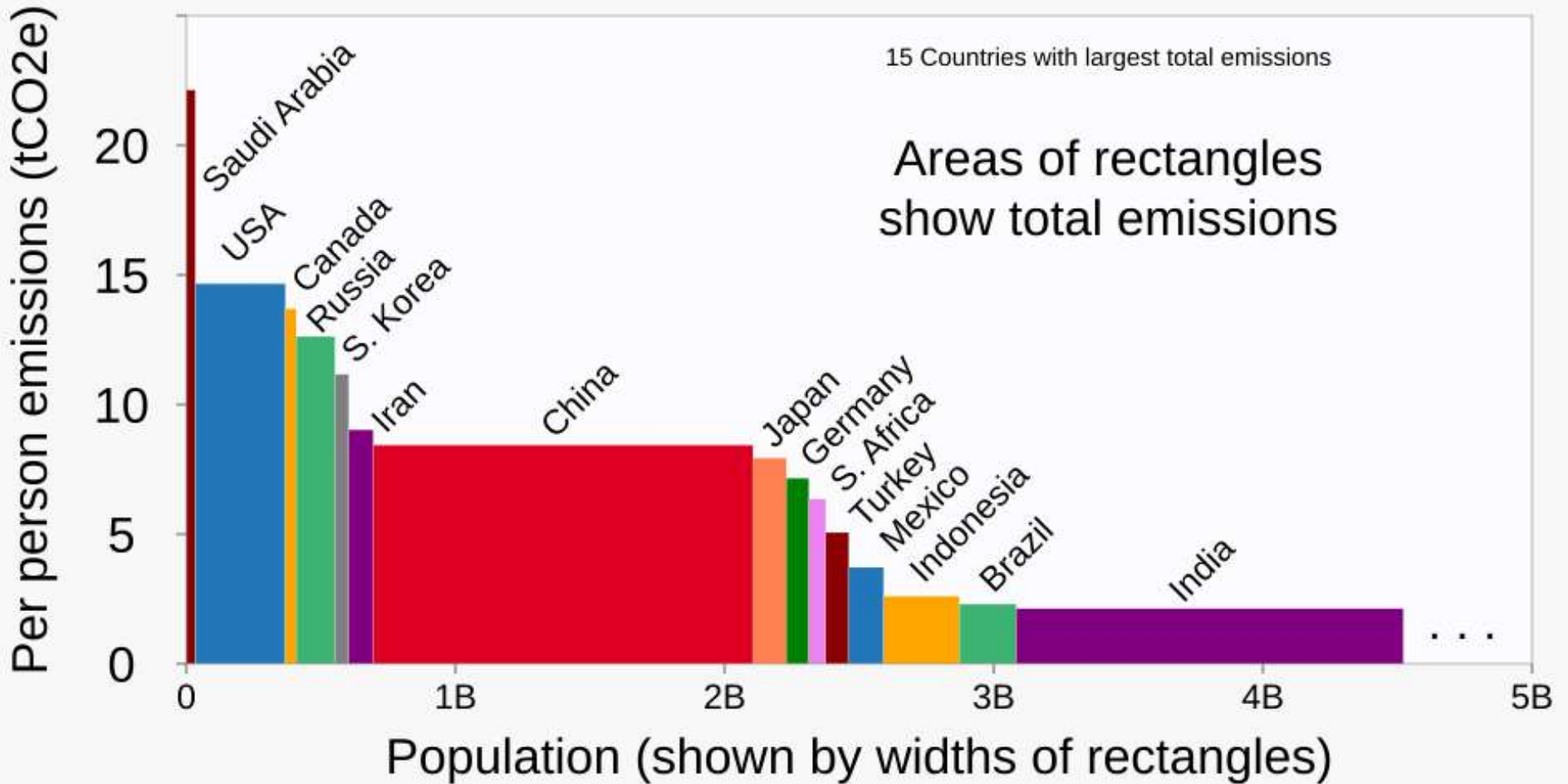
Meat consumption, health, and the environment

Godfray *et al.*, *Science* **361**, 243 (2018)



Total consumption of meat (in million metric tons) in different regions and (inset) globally. [Data are from www.fao.org/faostat/en/?#data.]

Carbon dioxide emissions per person



★ Massimo storico per l'aspettativa di vita alla nascita (81,4 M; 85,5 F), ma continua a ridursi il numero di anni attesi in buona salute, soprattutto per le donne che toccano il minimo dal 2014

Anno 2024

56,6 anni

**SPERANZA DI VITA
IN BUONA SALUTE
ALLA NASCITA - DONNE
UOMINI: 59,8 ANNI**

Anno 2023

2,9 milioni

**PERSONE
CON DISABILITÀ
5,0% DELLA
POPOLAZIONE**

★ Diminuisce la quota di persone con disabilità che stanno male o molto male (dal 61,0% del 2010 al 57,3% del 2023), è ridotta quella di persone con disabilità che stanno bene/molto bene (9,8%)

Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems

	Percentage	Number	Comments
Comparative Risk Model*	19%	11 100 000 (using Global Burden of Disease number of total deaths; 158 regions)	Changes in fruits, vegetables, nuts, and legumes were main contributors
Global Burden of Disease Model†	22.4%	10 886 000 (195 countries)	Changes in sodium, fruits, vegetables, whole grains, and nuts were main contributors
Empirical Disease Risk‡	23.6%	11 600 000 (190 countries)	Estimates based on a 10-variable index of diet quality

*Dietary factors included high consumption of red meat (including beef, lamb, and pork), low consumption of fruits, vegetables, legumes, nuts and seeds, fish, and being underweight, overweight, and obese.¹³¹ †The Global Burden of Disease estimates¹³² are based on an optimal diet similar to the reference diet. Dietary factors included fruits, vegetables, legumes, whole grains, nuts and seeds, milk, red meat, processed red meat, sugar-sweetened beverages, fibre, calcium, marine n-fatty acids, polyunsaturated fat, trans fatty acids, sodium. ‡The Alternative Healthy Eating Index-2010^{133,134} used in the analysis included vegetables (potatoes not included), fruits, whole grains, sugar-sweetened beverages and fruit juices, nuts and legumes, red meat, trans fatty acids, marine n-3 fatty acids, polyunsaturated fat, and sodium (alcohol not included).

Table 3: Estimated avoided premature deaths among adults by global adoption of reference diet



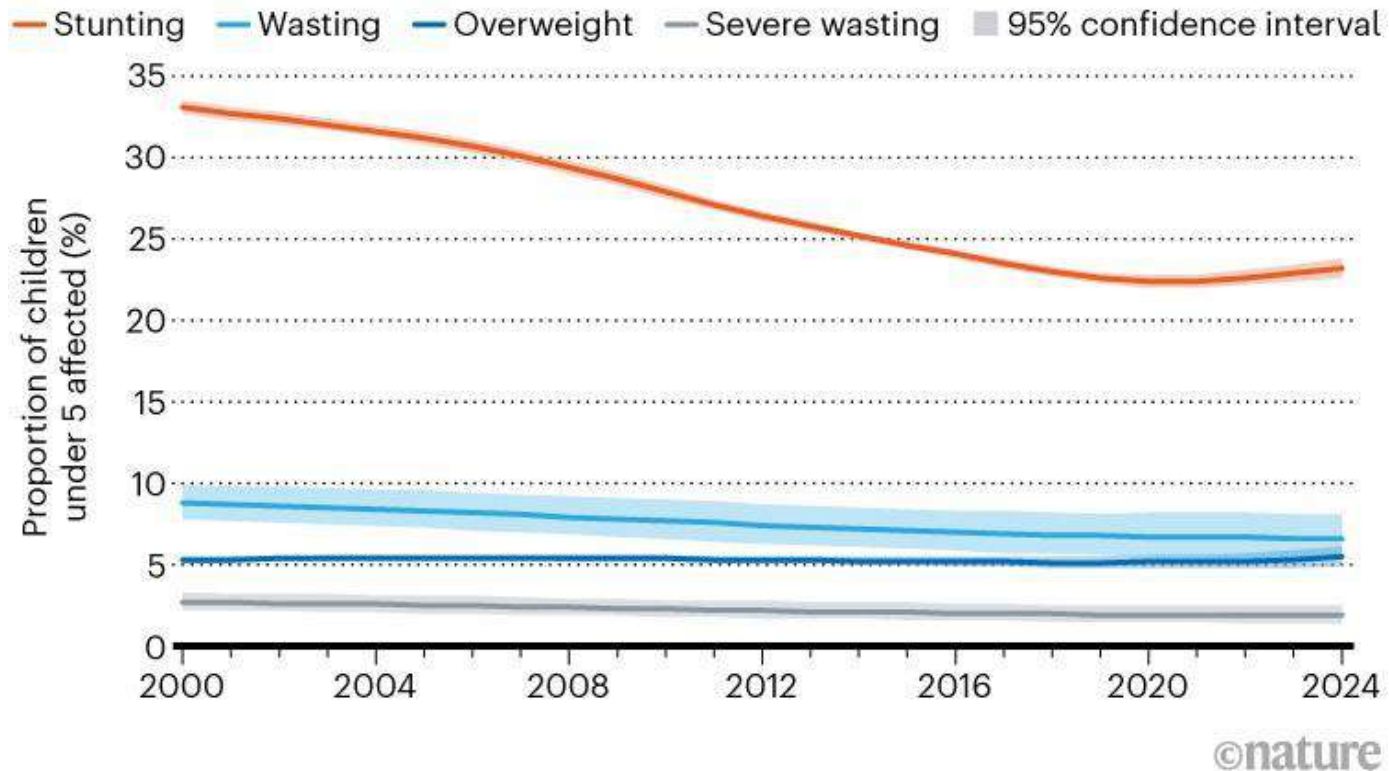


More food, less malnutrition?

The spectre of malnutrition is back and must be tackled - fast

STALLED PROGRESS

After decades of decline in the prevalence of stunting in children under the age of five, the trend has gone into reverse, according to data from the UN children's agency UNICEF, the World Health Organization and the World Bank.



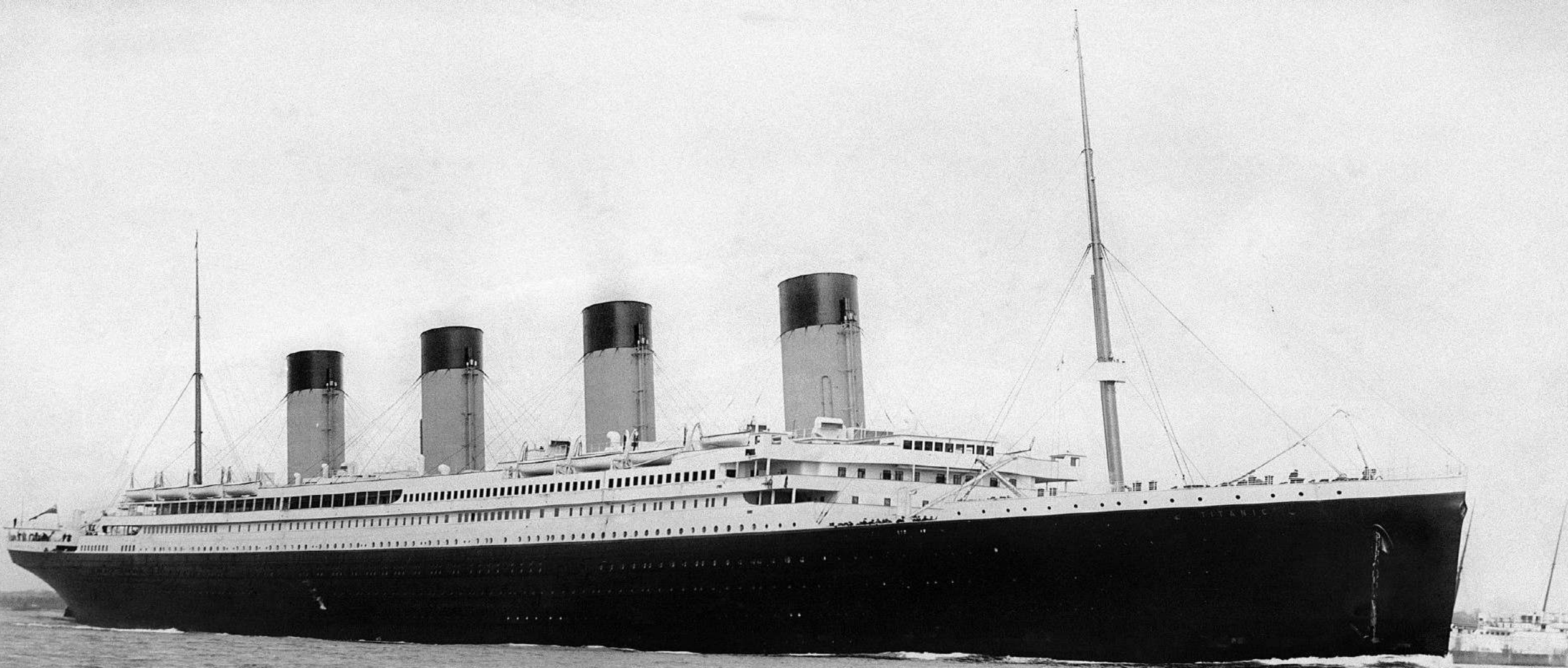
©nature

Corporations took control of our food – but we can reclaim it

Power and profit drive what ends up on people's plates, but meaningful change will take more than just improving consumer choice. **By Laura Kelly**

“Their pursuit of profit drives the manufacture of ultra-processed products that are designed to be addictive.”





Sailing to the disaster ...

A global assessment of food and non-food spending: evidence from 173 countries and implications for food security

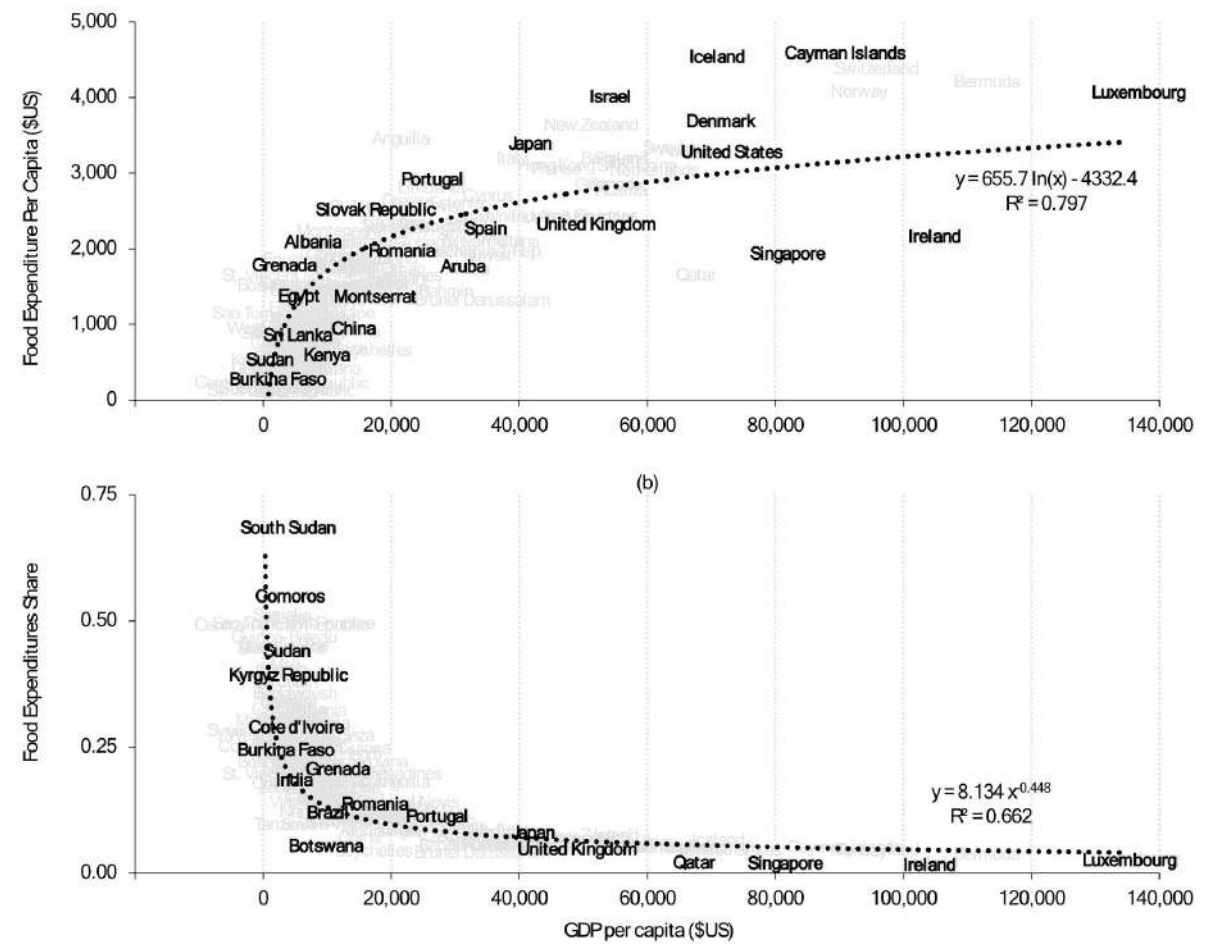


Fig. 1 Food expenditure per capita and food expenditure share across countries based on the 2021 ICP data. Source: World Bank (2024)



A global assessment of food and non-food spending: evidence from 173 countries and implications for food security

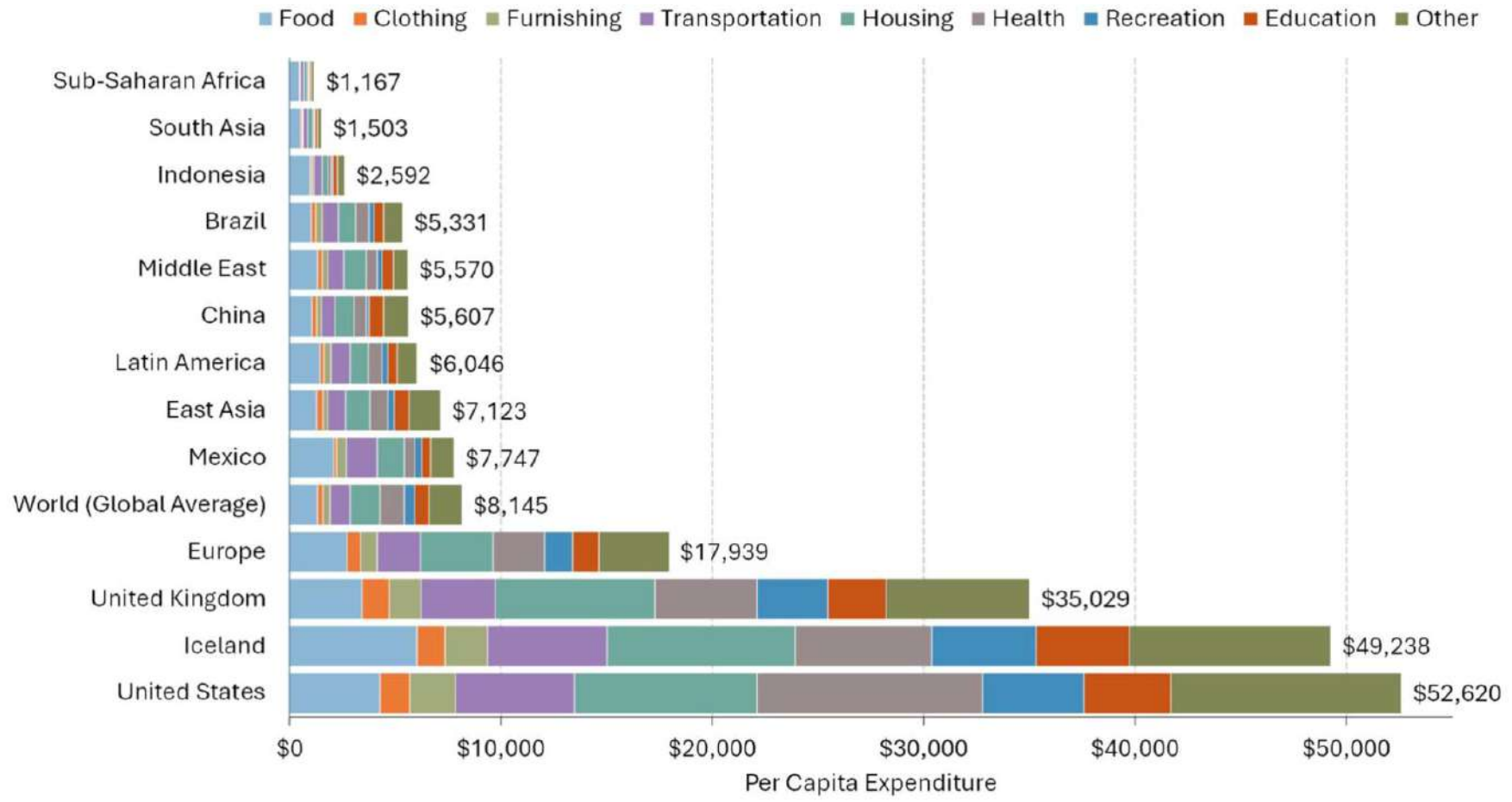


Fig. 2 Comparison of per capita expenditure across selected countries and regions based on the 2021 ICP data. Source: World Bank (2024)

Nzayiramy *et al.* *Agriculture & Food Security* (2025) 14:20
<https://doi.org/10.1186/s40066-025-00538-z>



Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems

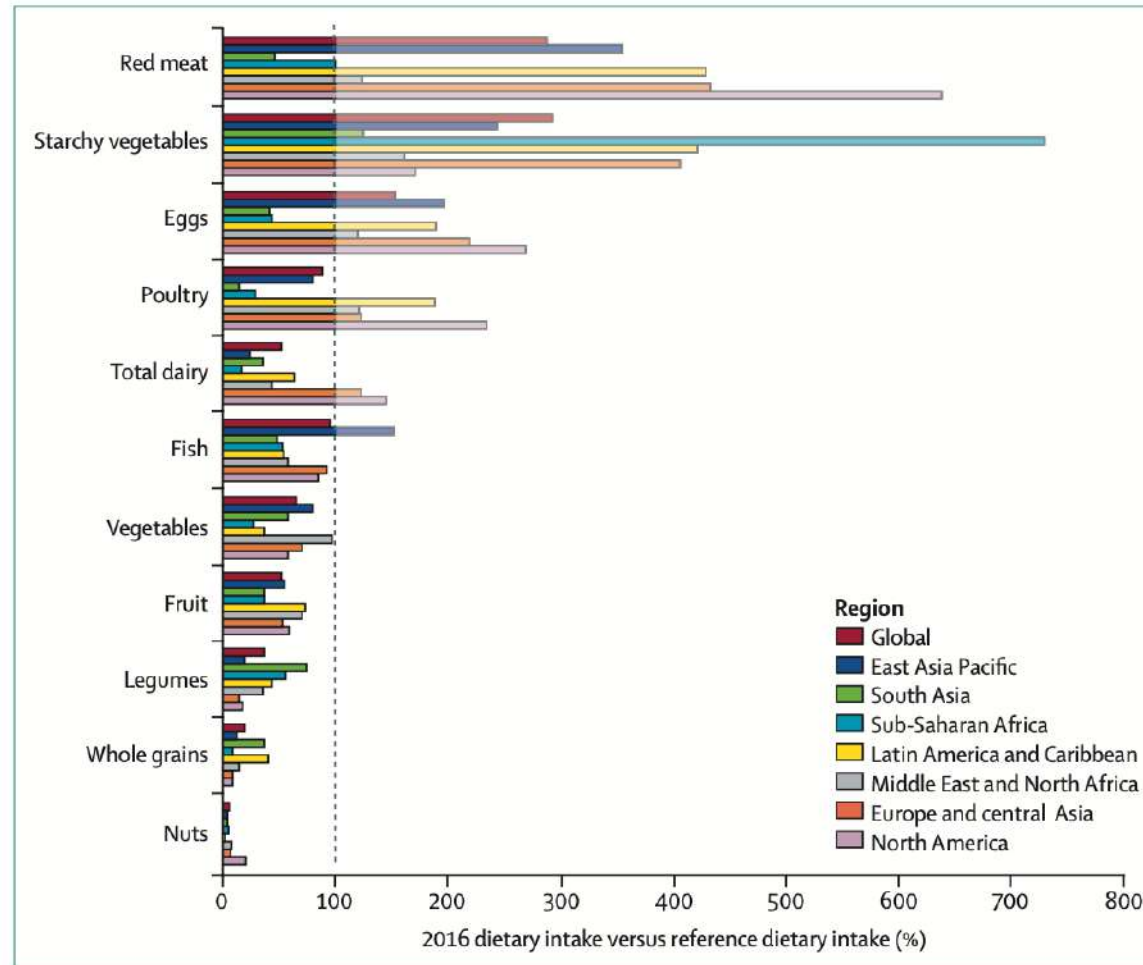


Figure 1: Diet gap between dietary patterns in 2016 and reference diet intakes of food

Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems

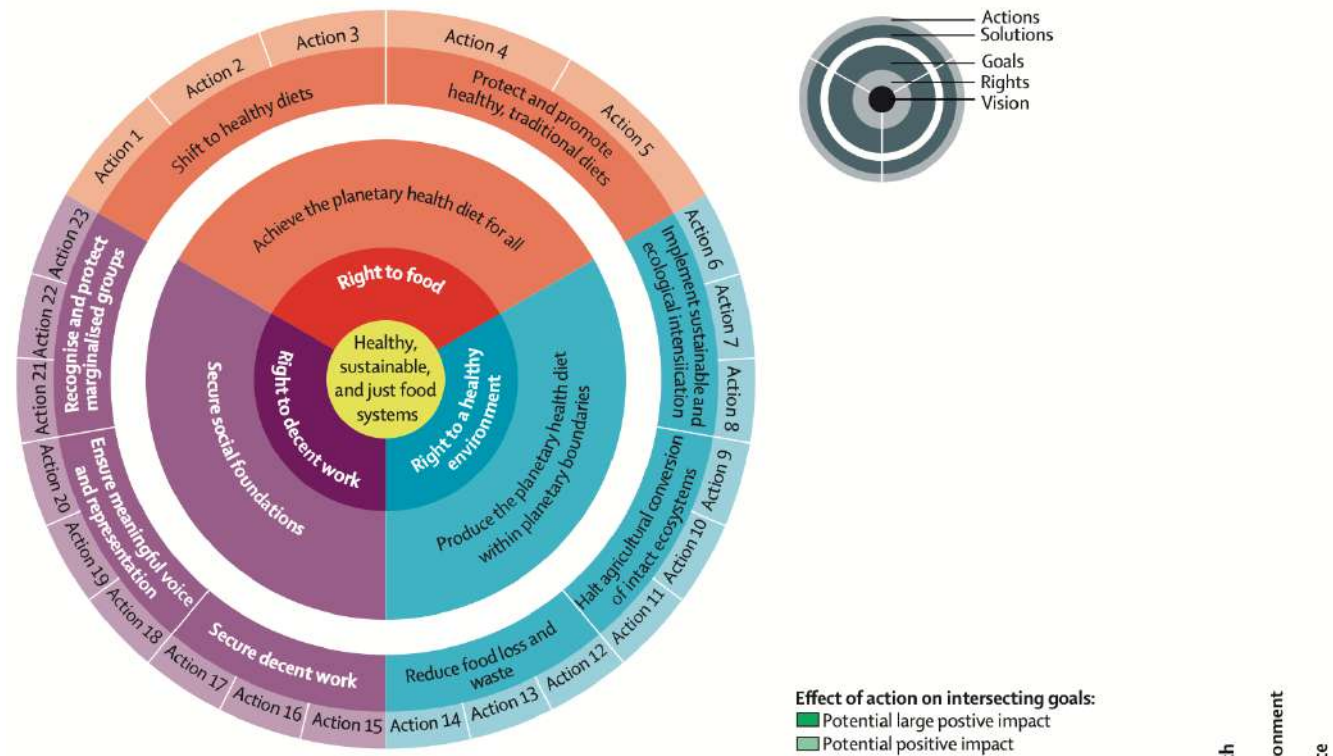
	Control variable	Boundary (uncertainty range)
Climate change	Greenhouse-gas (CH ₄ and N ₂ O) emissions	5 Gt of carbon dioxide equivalent per year (4.7–5.4)
Nitrogen cycling	Nitrogen application	90 Tg of nitrogen per year (65–90;* 90–130†)
Phosphorus cycling	Phosphorus application	8 Tg of phosphorus per year (6–12;* 8–16†)
Freshwater use	Consumptive water use	2500 km ³ per year (1000–4000)
Biodiversity loss	Extinction rate	Ten extinctions per million species-years (1–80)
Land-system change	Cropland use	13 million km ² (11–15)

*Lower boundary range if improved production practices and redistribution are not adopted. †Upper boundary range if improved production practices and redistribution are adopted and 50% of applied phosphorus is recycled.

Table 2: Scientific targets for six key Earth system processes and the control variables used to quantify the boundaries



The EAT-Lancet Commission on healthy, sustainable, and just food systems



Solution	Action	Health	Environment	Justice
1 Shift to healthy diets	1 Use taxes and subsidies to shift affordability of unhealthier foods towards the affordability of healthier foods	Green	Green	Green
	2 Combine advertisement restrictions with mandatory warning labels on unhealthy foods	Green	Green	Green
	3 Increase purchasing power for households in the lowest quintile through different social protection measures	Green	Green	Green
2 Protect and promote healthy, traditional diets	4 Recognise and include traditional healthy foods and diets in food-based dietary guidelines and public procurement programmes (eg, school meal programmes)	Green	Green	Green
	5 Support local markets, including the development of value chains, to promote consumer demand of underused, healthy, and locally produced crops	Green	Green	Green

The EAT–Lancet Commission on healthy, sustainable, and just food systems

	Per capita recommended intake (g/day [range])	Per capita recommended intake (kcal/day)
Plant foods*		
Whole grains†	210 (20–50% of daily energy intake)	735
Tubers and starchy roots‡	50 (0–100)	50
Vegetables§	300 (200–600)	95
Fruits¶	200 (100–300)	145
Tree nuts and peanuts	50 (0–75)	275
Legumes	75 (0–150)	275
Animal-sourced foods**		
Milk or equivalents (eg, cheese)	250 (0–500)	145
Chicken and other poultry	30 (0–60)	60
Fish and shellfish††	30 (0–100)	25
Eggs	15 (0–25)	20
Beef, pork, or lamb	15 (0–30)	45
Fats, sugar, and salt		
Unsaturated plant oils‡‡	40 (20–80)	355
Palm and coconut oil	6 (0–8)	55
Lard, tallow, and butter§§	5 (0–10)	..
Sugar (added or free)	30 (0–30)	115
Sodium	<2	..



The EAT-Lancet Commission on healthy, sustainable, and just food systems

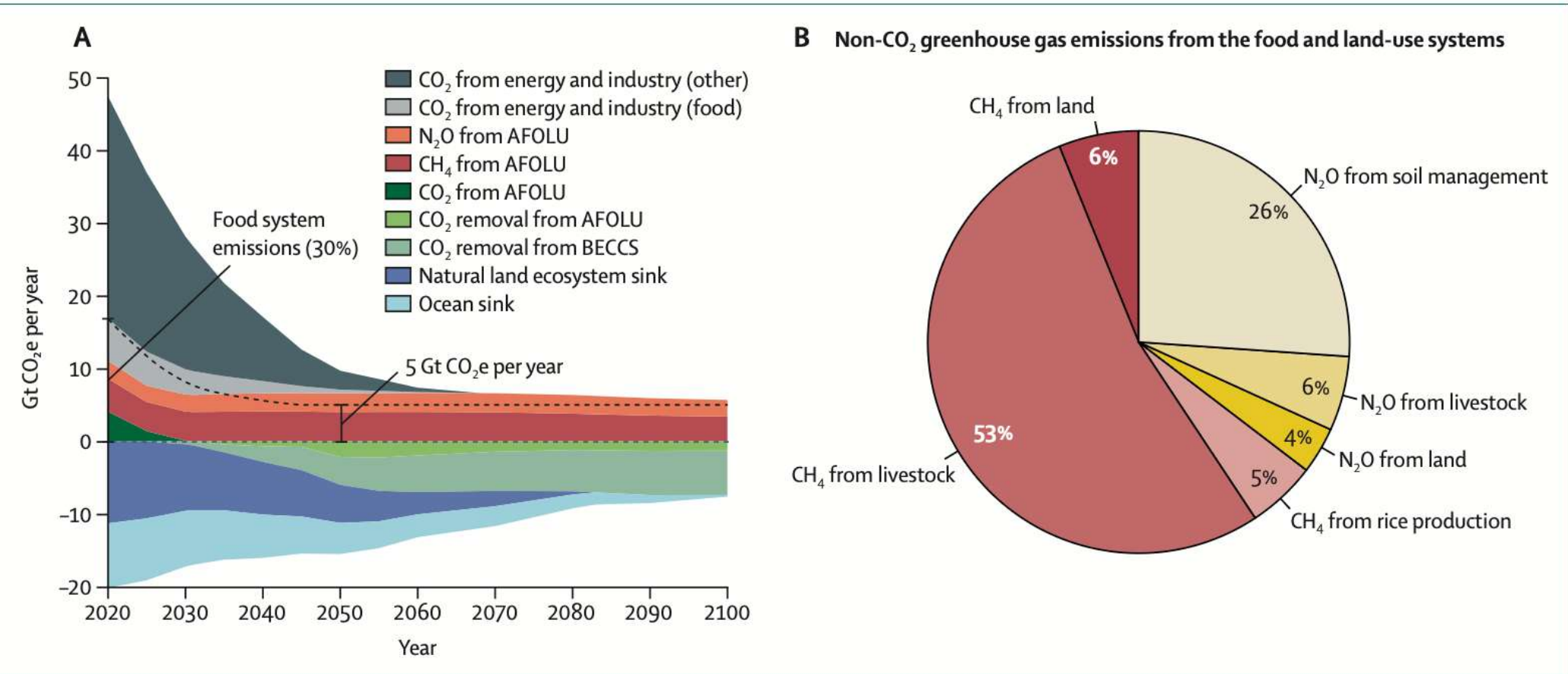
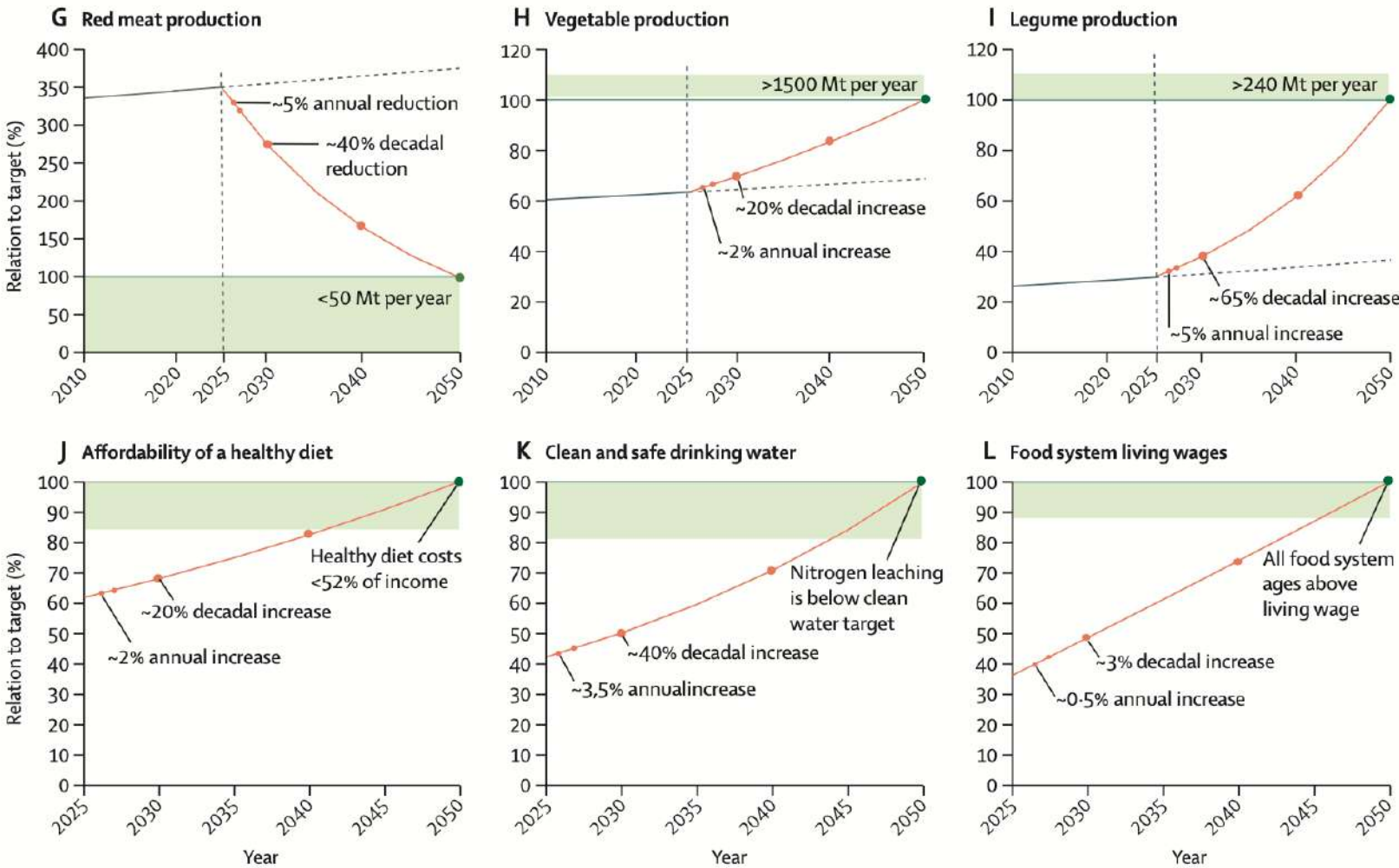


Figure 3: Emission pathways to 1.5°C and food systems shares

The EAT-Lancet Commission on healthy, sustainable, and just food systems





Plant-based diet and protein anabolism

Association between adherence to EAT-Lancet diet and risk of sarcopenia and sarcopenic obesity in adults

Liheng Chen^{1,8}, Yushan Liao^{2,8}, Zehua Li^{3,8}, Jing Yan¹, Peng Liu⁴, Yu Sun⁵, Wen Jin⁵, Weibin Cheng^{6,7} and Jingbin Guo¹

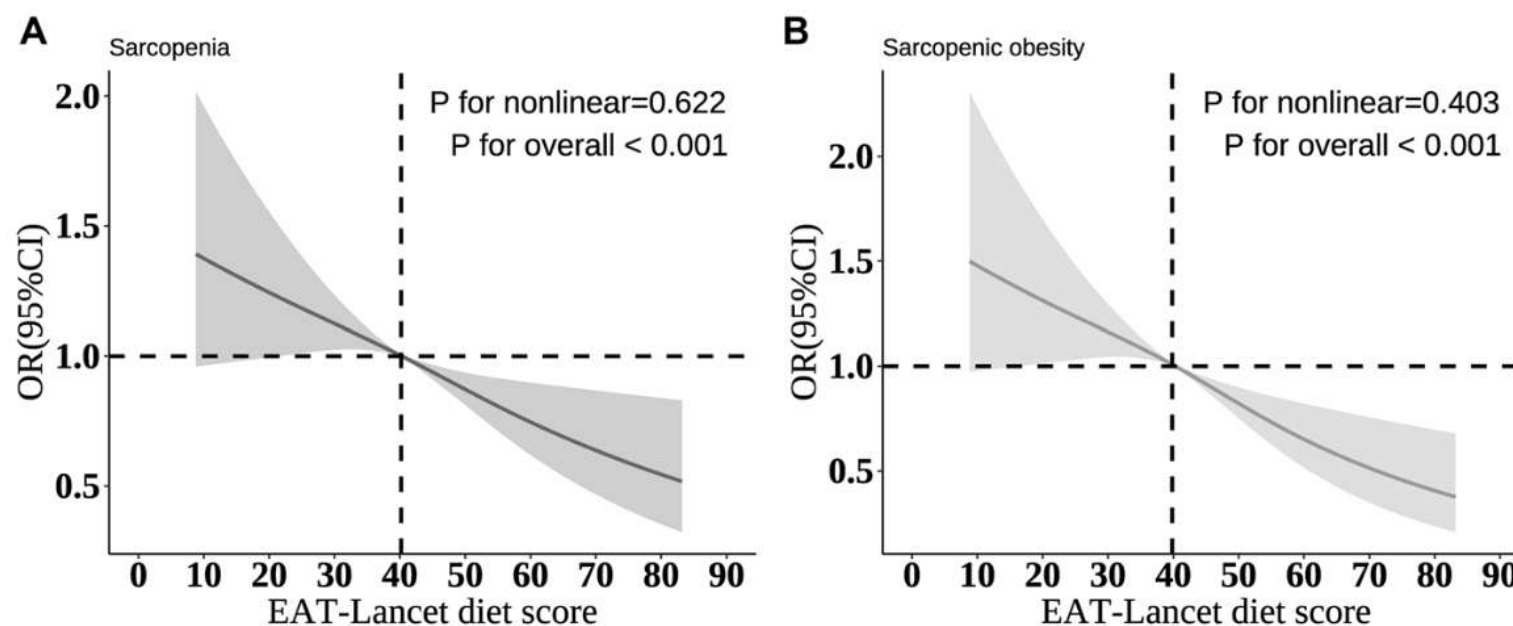
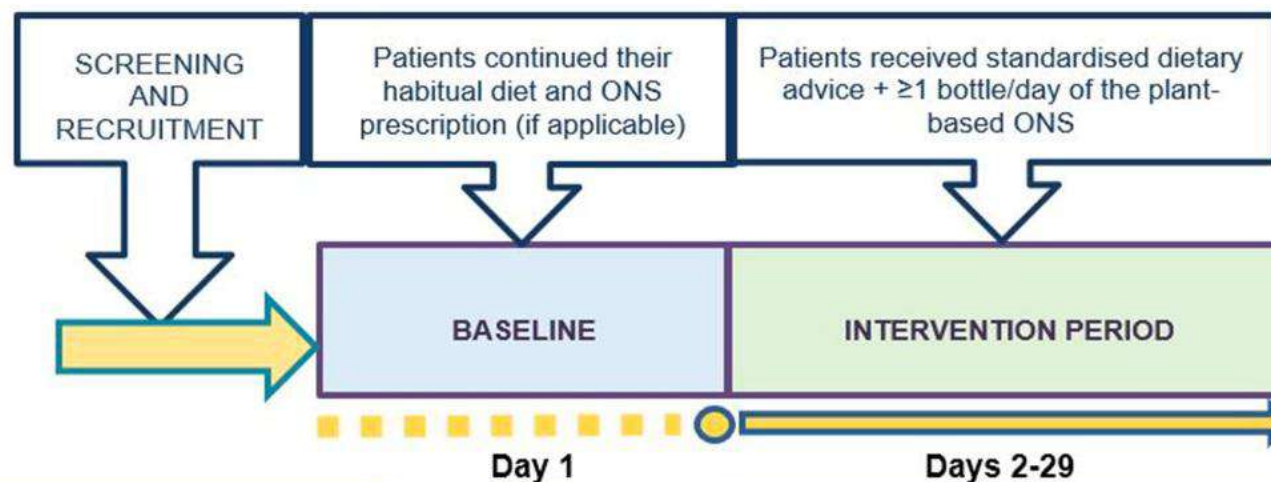


Fig. 2 Restricted cubic spline analysis of association between EAT-Lancet diet score and sarcopenia and sarcopenic obesity. **A** Sarcopenia, **B** Sarcopenic obesity. The model was adjusted for sex, age, ethnicity, marital status, education level, PIR categories, smoking status, drinking status, physical activity, hypertension, stroke, diabetes, coronary artery disease, and total energy intake. OR odds ratio, CI confidence interval.

A multi-center prospective study of plant-based nutritional support in adult community-based patients at risk of disease malnutrition



OUTCOME	Baseline (Day 1)	Intervention period (Day 29)#
Clinical diagnoses, medication use and physical activity level	HCP	HCP
Compliance**	P*/HCP*	P/HCP
Reason for requiring a plant-based ONS	P	
Anthropometrics and malnutrition risk	HCP	HCP
Nutrient intake	HCP	HCP
Appetite	P	P
Acceptability	P*/HCP*	P/HCP
GI tolerance	P/HCP	P/HCP
Nutritional goal	HCP	HCP
Safety	<i>Adverse events were recorded throughout the study by the investigating HCP, where applicable.</i>	

A multi-center prospective study
of plant-based nutritional support
in adult community-based
patients at risk of disease-related
malnutrition

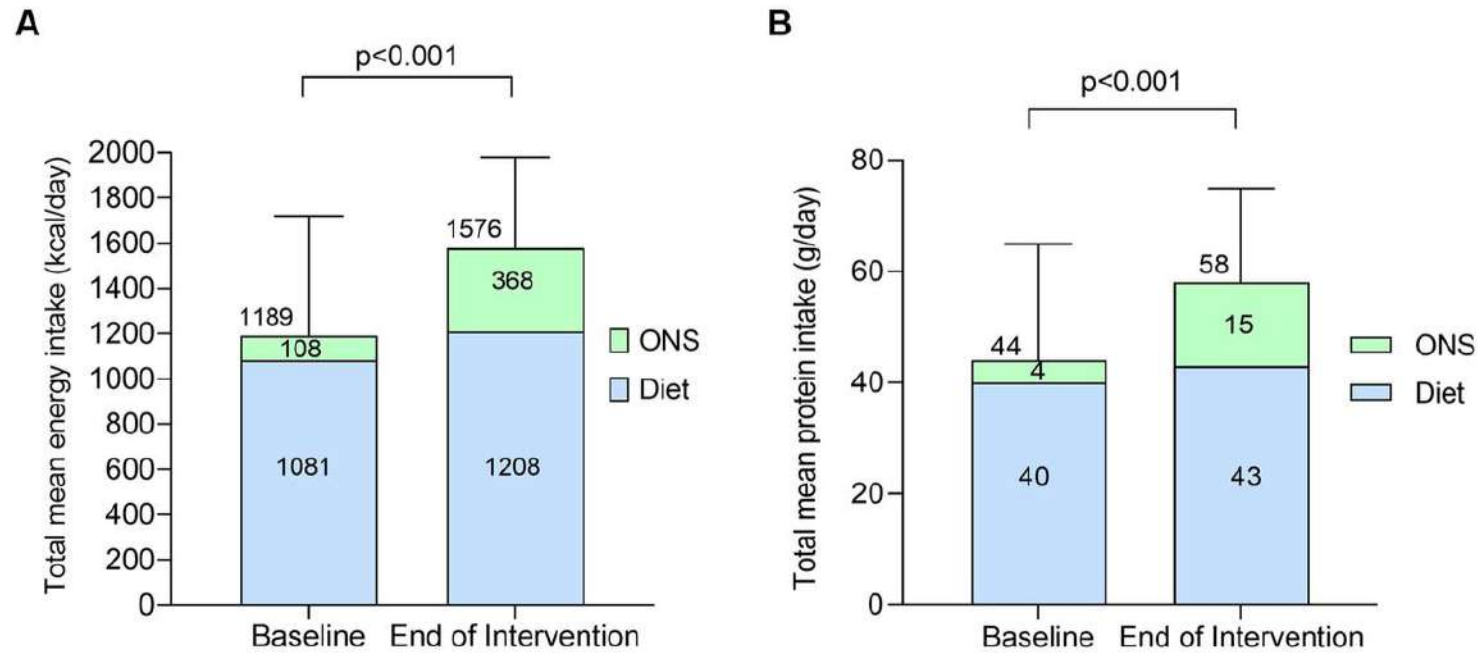


FIGURE 5

Total mean energy [(A), kcal/day] and protein intake [(B), g/day] from diet alone and with ONS at baseline and end of intervention [$n = 23$, means (SD)]. Data were analyzed by paired samples t -test.

A multi-center prospective study of plant-based nutritional support in adult community-based patients at risk of disease-related malnutrition

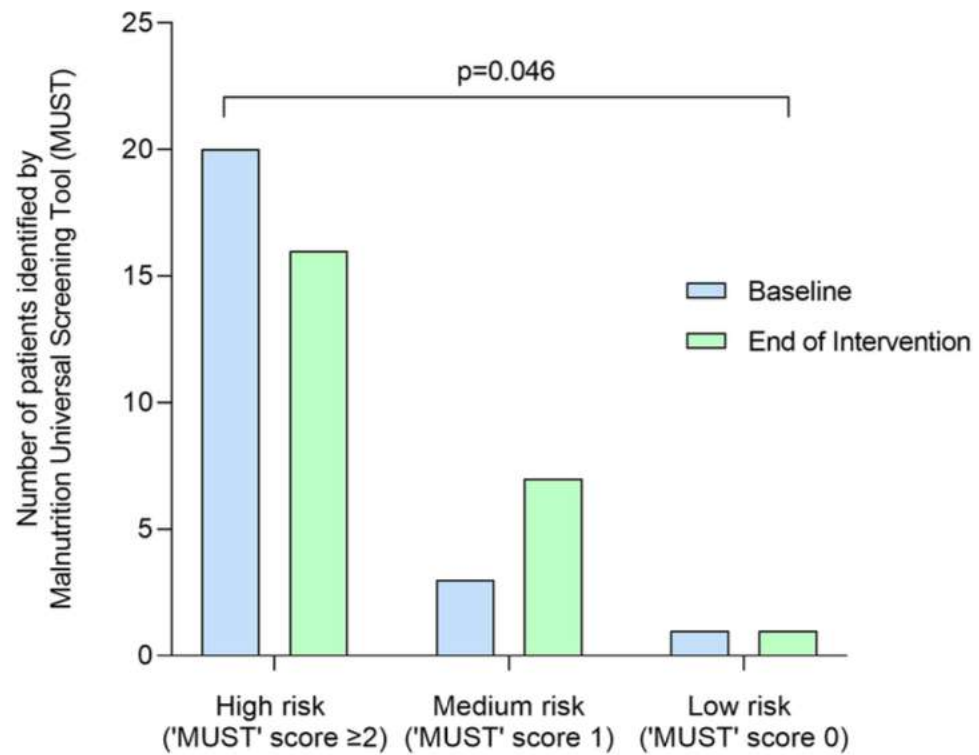


FIGURE 4

Number (n) of patients identified as at high risk ('MUST' score = ≥ 2), medium risk ('MUST' score = 1) and low risk ('MUST' score = 0) of malnutrition at baseline and end of intervention by the Malnutrition Universal Screening Tool (MUST). Data were analyzed by Wilcoxon signed-rank test.

A multi-center prospective study
of plant-based nutritional support
in adult community-based
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malnutrition

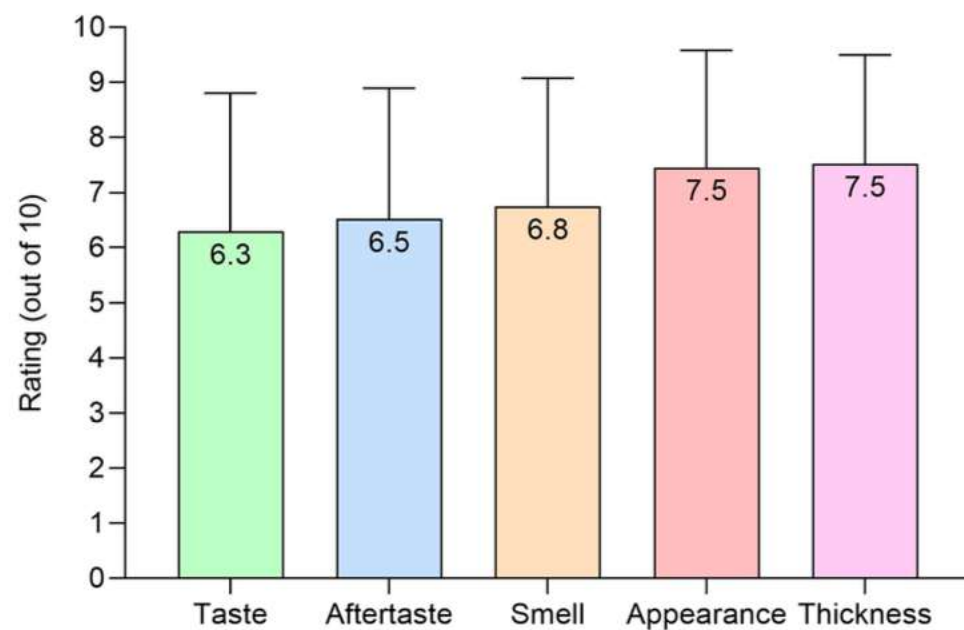


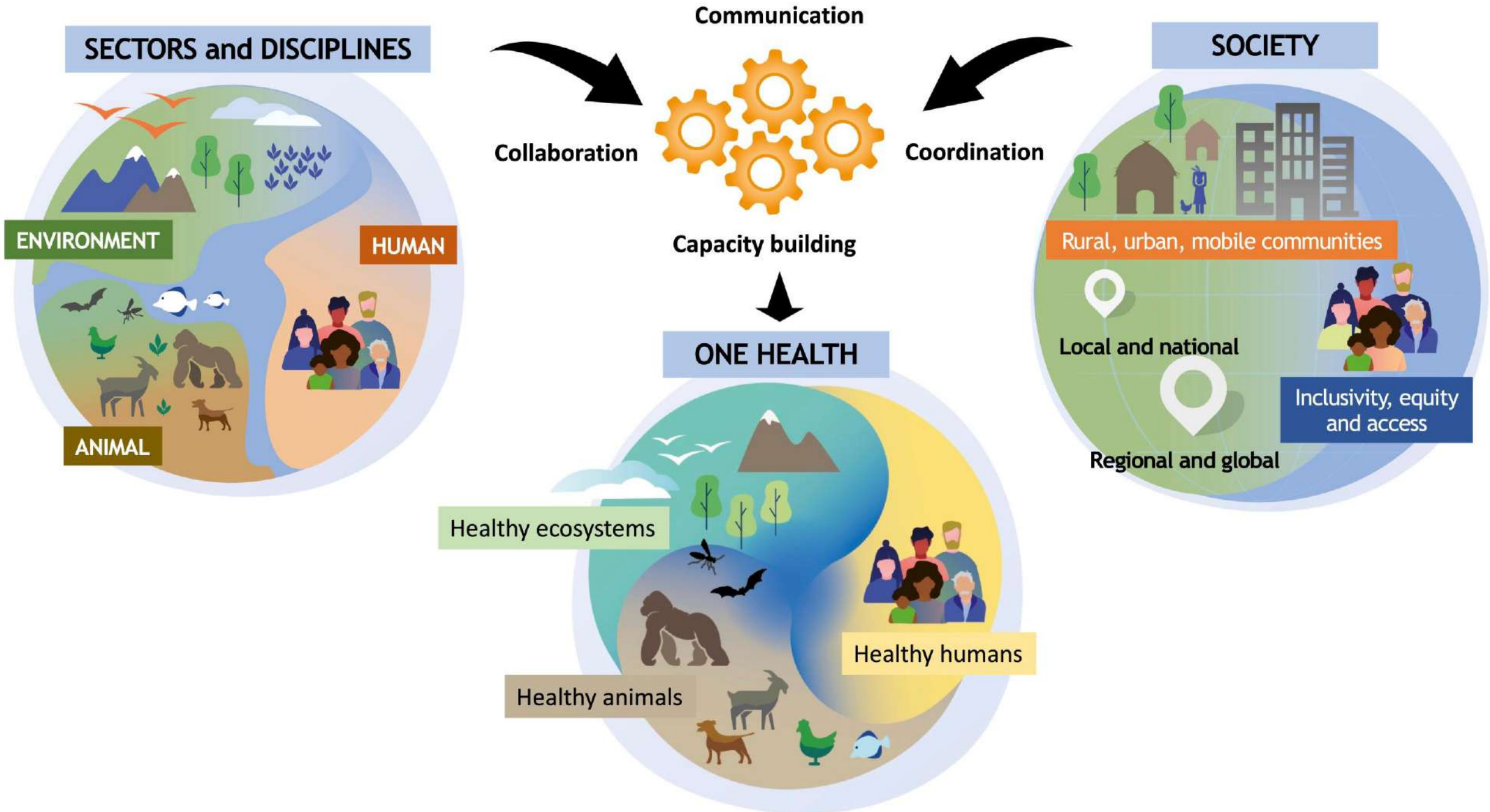
FIGURE 6

Sensory outcomes (out of 10) for the plant-based ONS at end of intervention [$n = 24$, means (SD)].



Solutions?

Trinity College, Dublin



Reducing food's environmental impacts through producers and consumers

Poore et al., *Science* **360**, 987–992 (2018)

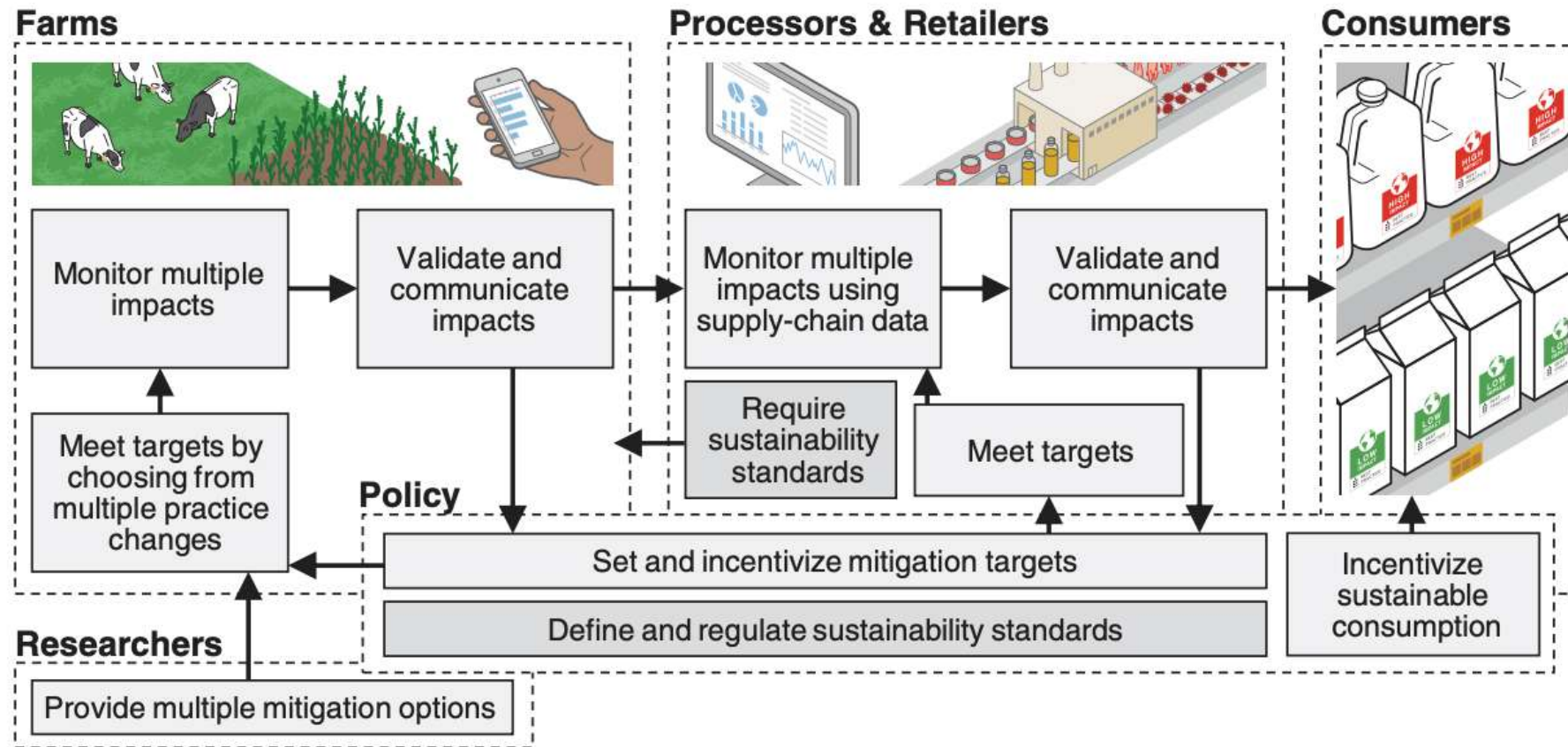
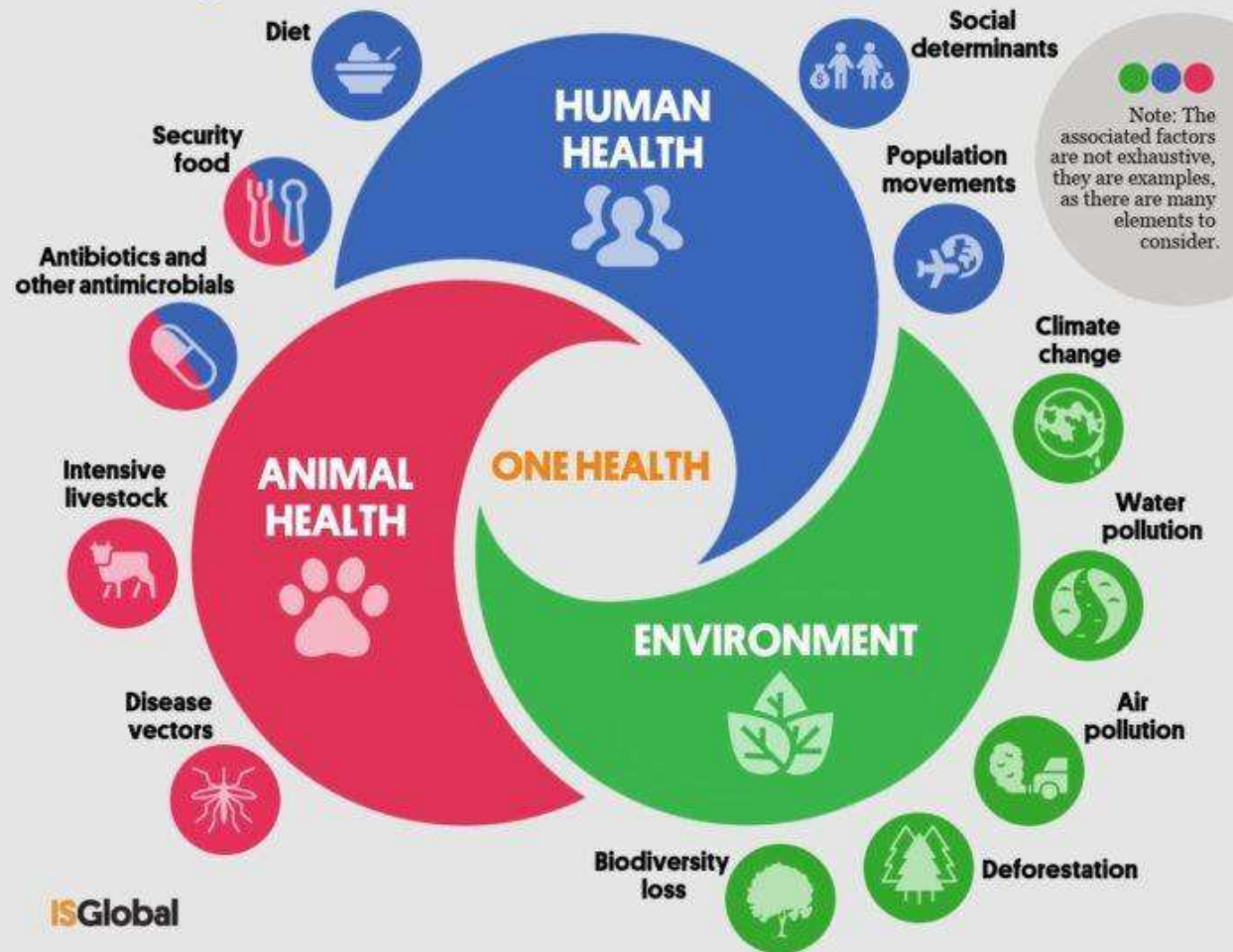


Fig. 4. Graphical representation of the mitigation framework.



ONE HEALTH

Human health and animal health are interdependent.
At the same time, both depend on the environment.



Conclusioni

- **Inconsapevolmente, stiamo assistendo ad una rapida evoluzione della vita sulla terra.**
- **Proseguendo sulla strada intrapresa, potremmo compromettere la vita su questo pianeta (Bill Gates docet!)**
- **Solo un movimento planetario di idee ed azioni possono modificare il destino del pianeta.**
- **Le scelte alimentari sono libere, ma devono essere responsabili.**
- **La responsabilità nasce dalla conoscenza.**

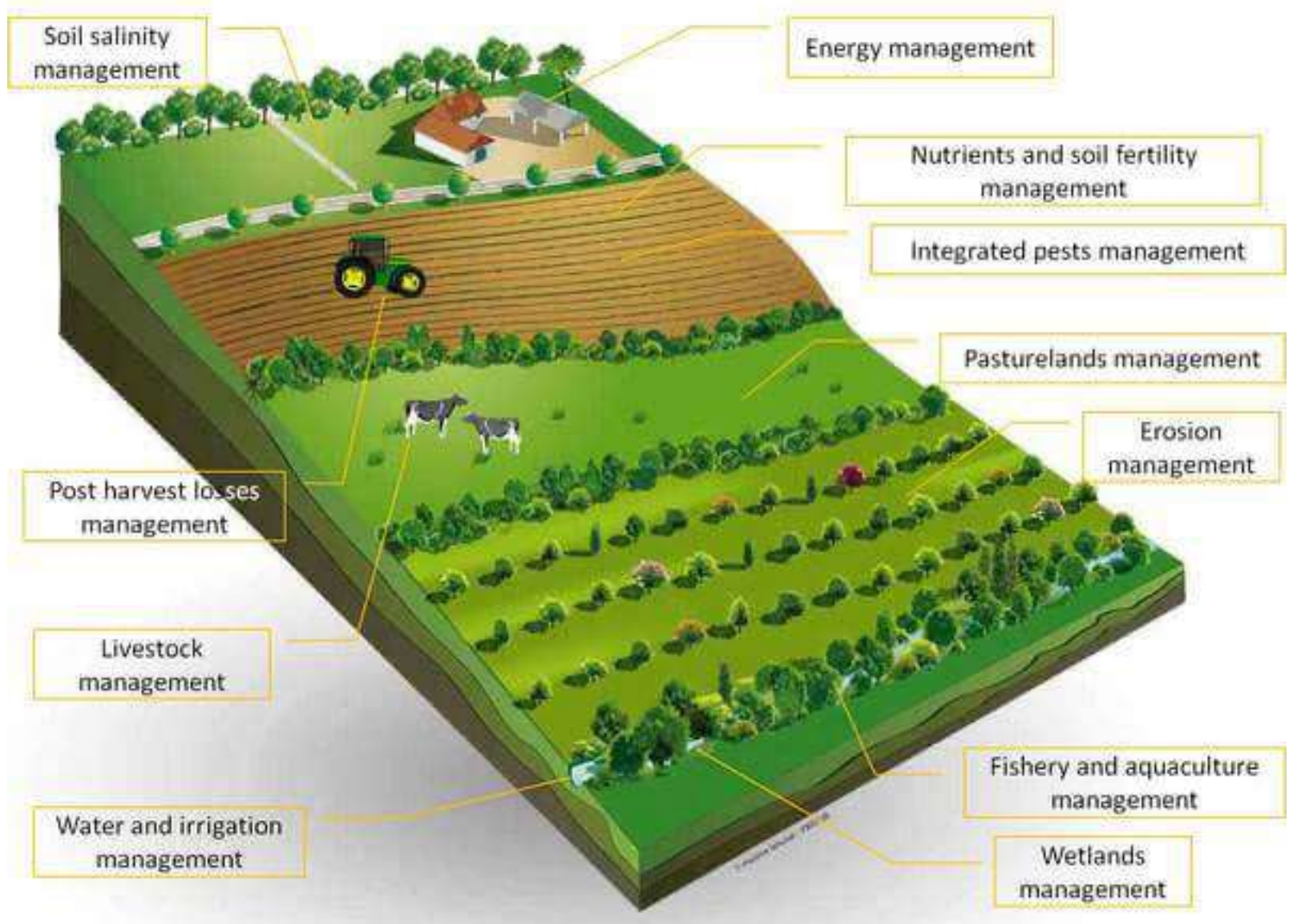


Grazie per l'attenzione

27 - 29 novembre 2025

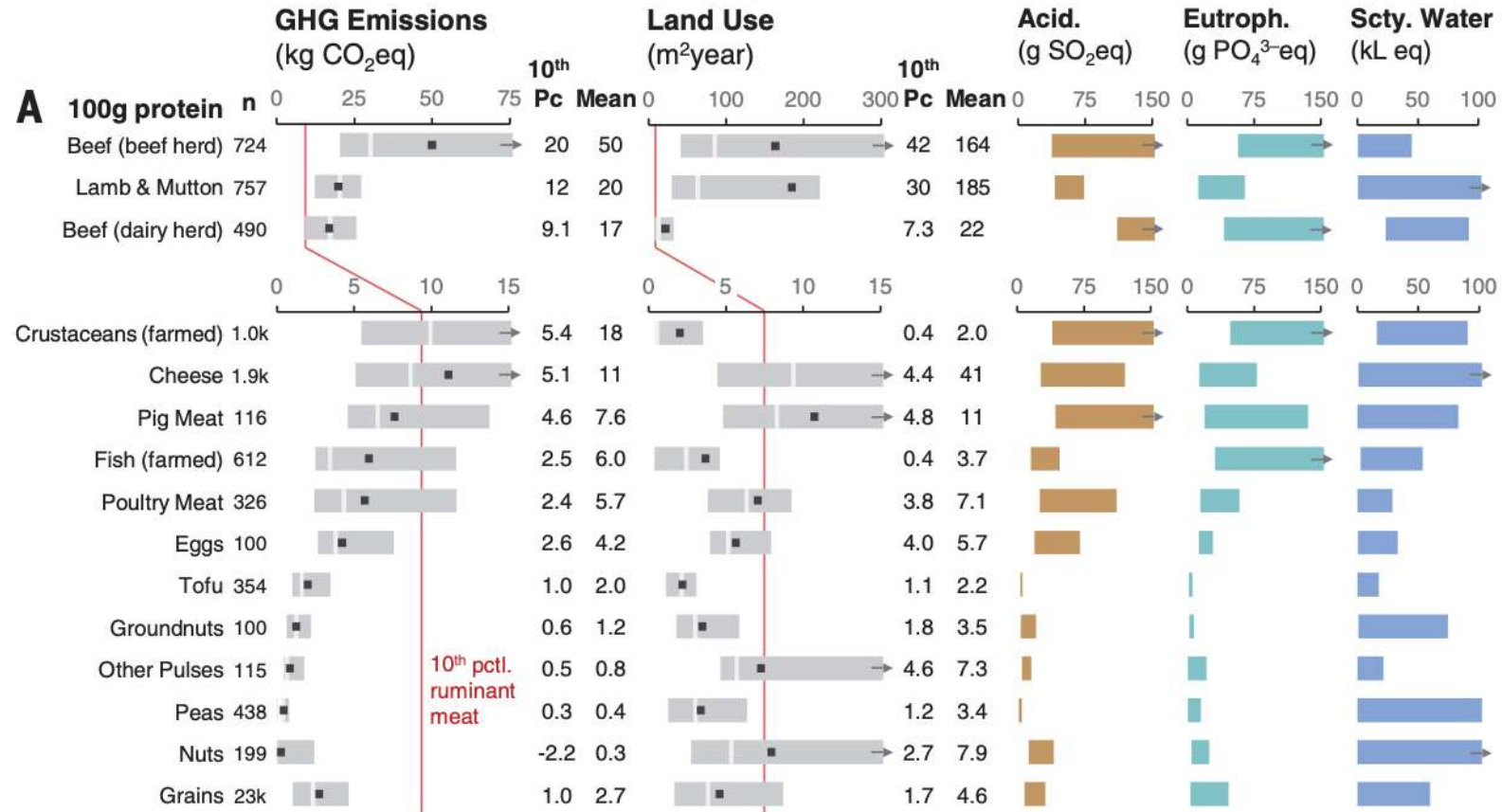
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Reducing food's environmental impacts through producers and consumers

Poore *et al.*, *Science* **360**, 987–992 (2018)





Congresso Nazionale SINPE 2025

CLINICAL NUTRITION: shaping a better future of health care





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CLINICAL NUTRITION: shaping a better future of health care



The EAT-Lancet Commission on healthy, sustainable, and just food systems

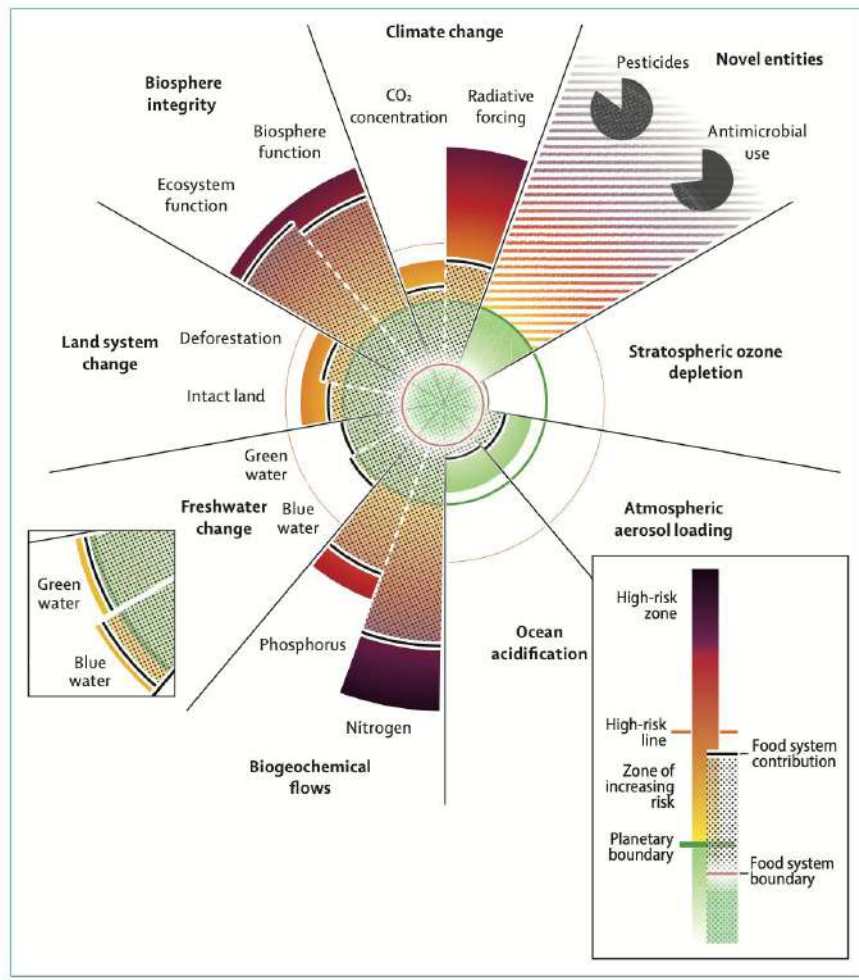
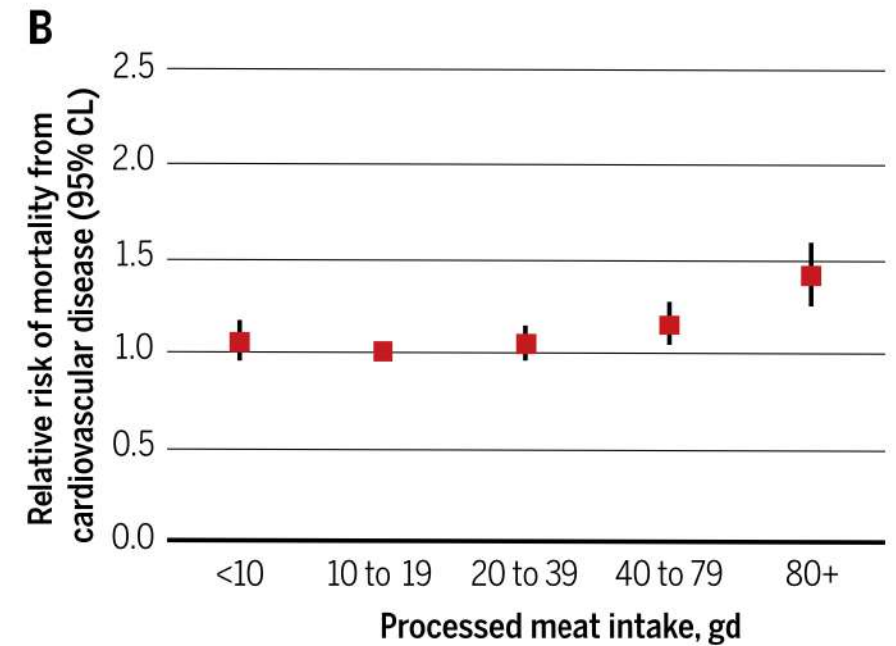
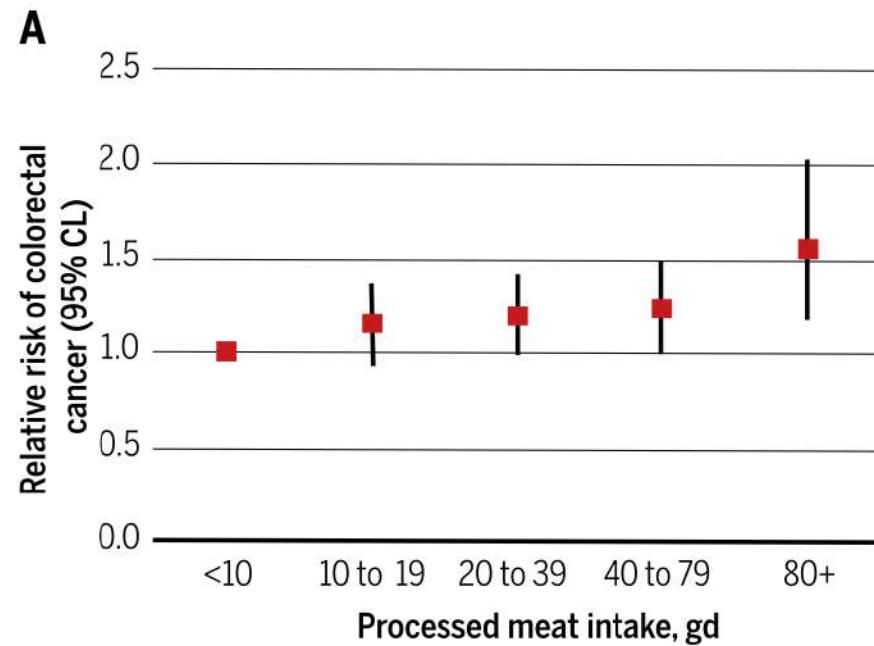
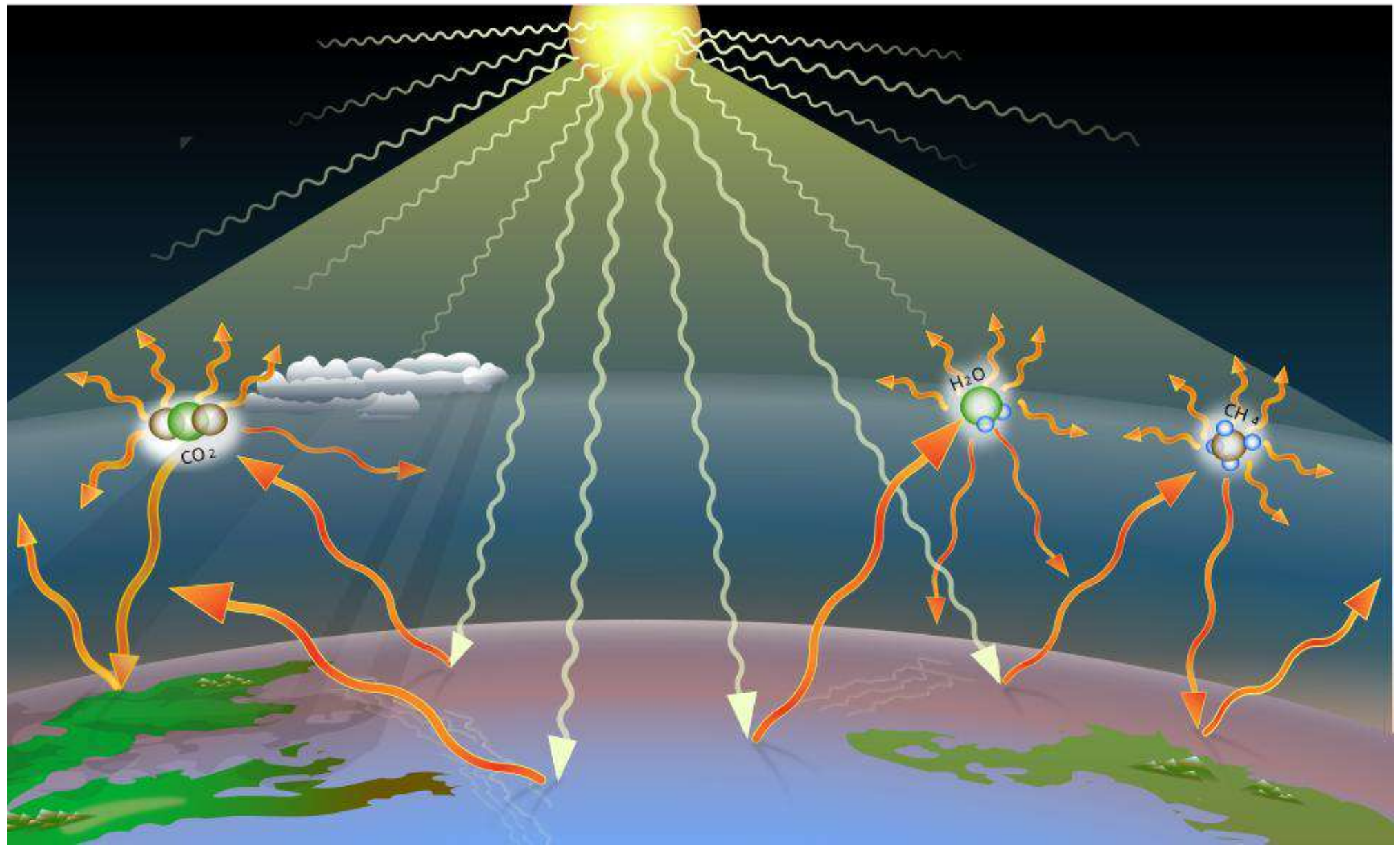


Figure 1: Status of food system pressures across all nine planetary boundaries (indicated by the black dotted pattern) and the food system boundaries (red line)

Meat consumption, health, and the environment

Fig. 2. Meat and health. (A) The relative risk of colorectal cancer as a function of average processed meat intake [from (95)]. (B) The relative risk of cardiovascular death as a function of average processed meat intake [from (27)].



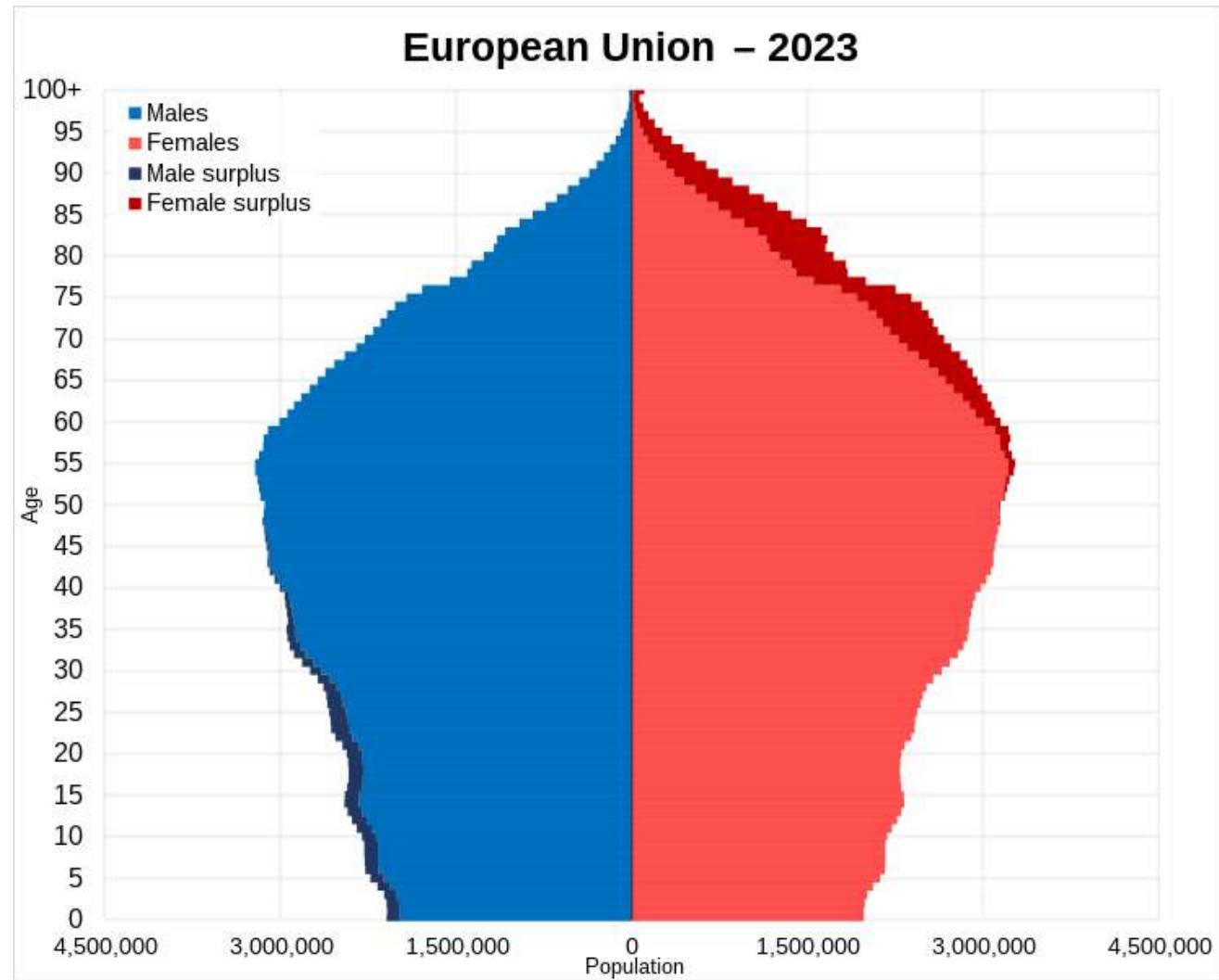






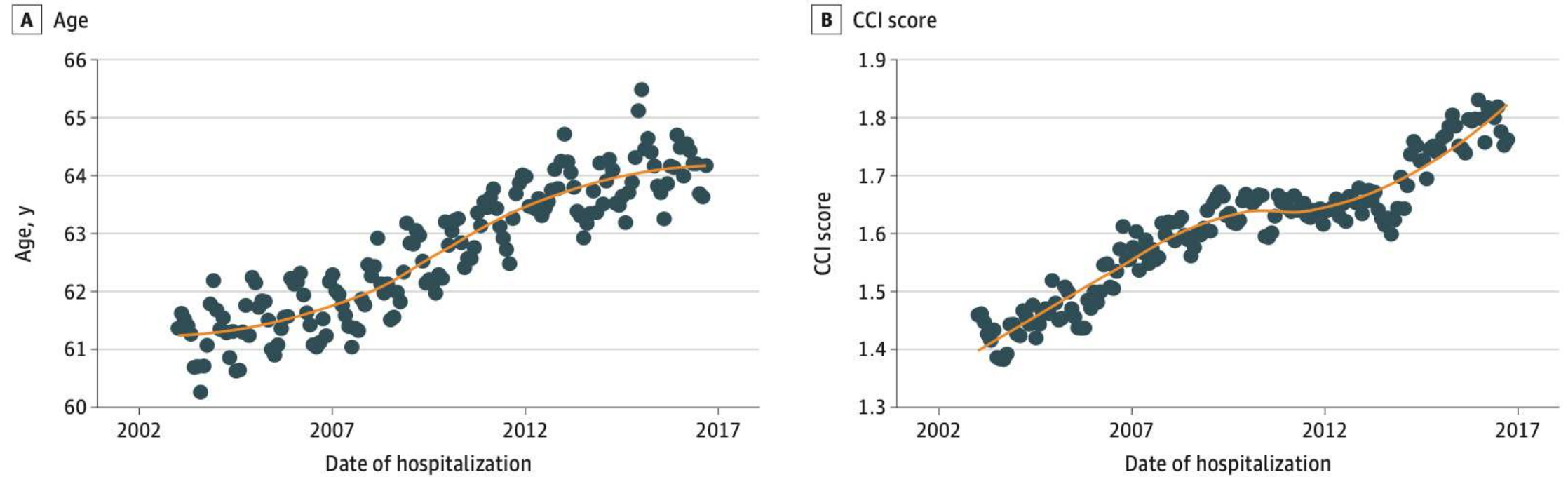
**End hunger, achieve
food security and
improved nutrition
and promote
sustainable agriculture**

A changing scenario



Hiten Naik, MD; Tyler M. Murray, MD; Mayesha Khan, MA; Daniel Daly-Grafstein, MSc; Guiping Liu, PhD;
Barry O. Kassen, MD, MACP; Jake Onrot, MD; Jason M. Sutherland, MSc, PhD; John A. Staples, MD, MPH

Figure 3. Trends in Continuous Measures of Complexity, 2002-2017

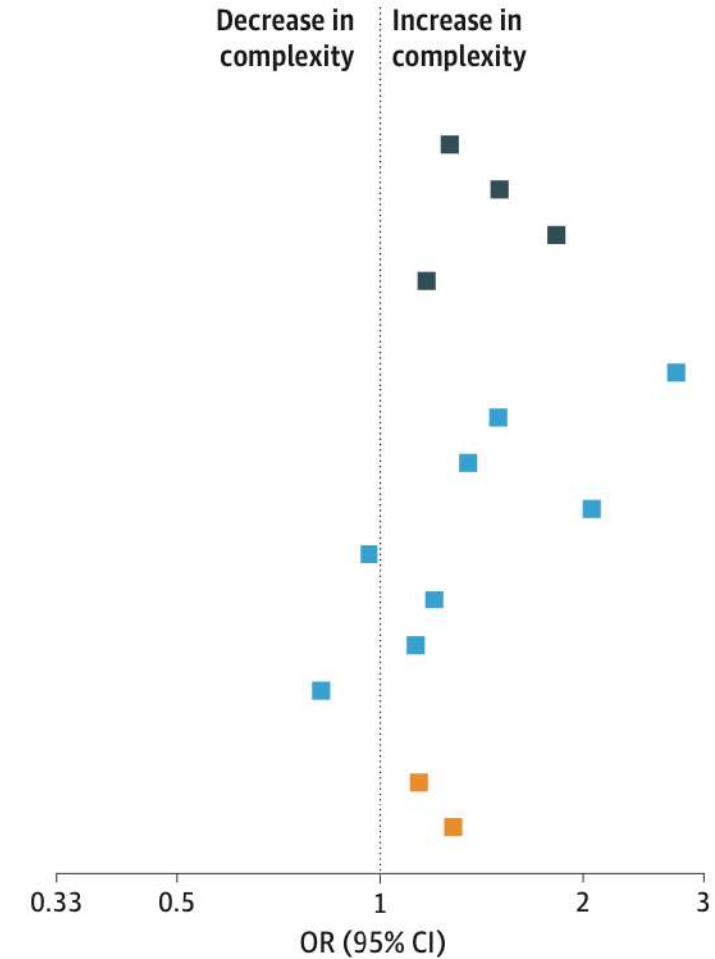


Population-Based Trends in Complexity of Hospital Inpatients

JAMA Internal Medicine Published online January 8, 2024

Hiten Naik, MD; Tyler M. Murray, MD; Mayesha Khan, MA; Daniel Daly-Grafstein, MSc; Guiping Liu, PhD;
Barry O. Kassen, MD, MACP; Jake Onrot, MD; Jason M. Sutherland, MSc, PhD; John A. Staples, MD, MPH

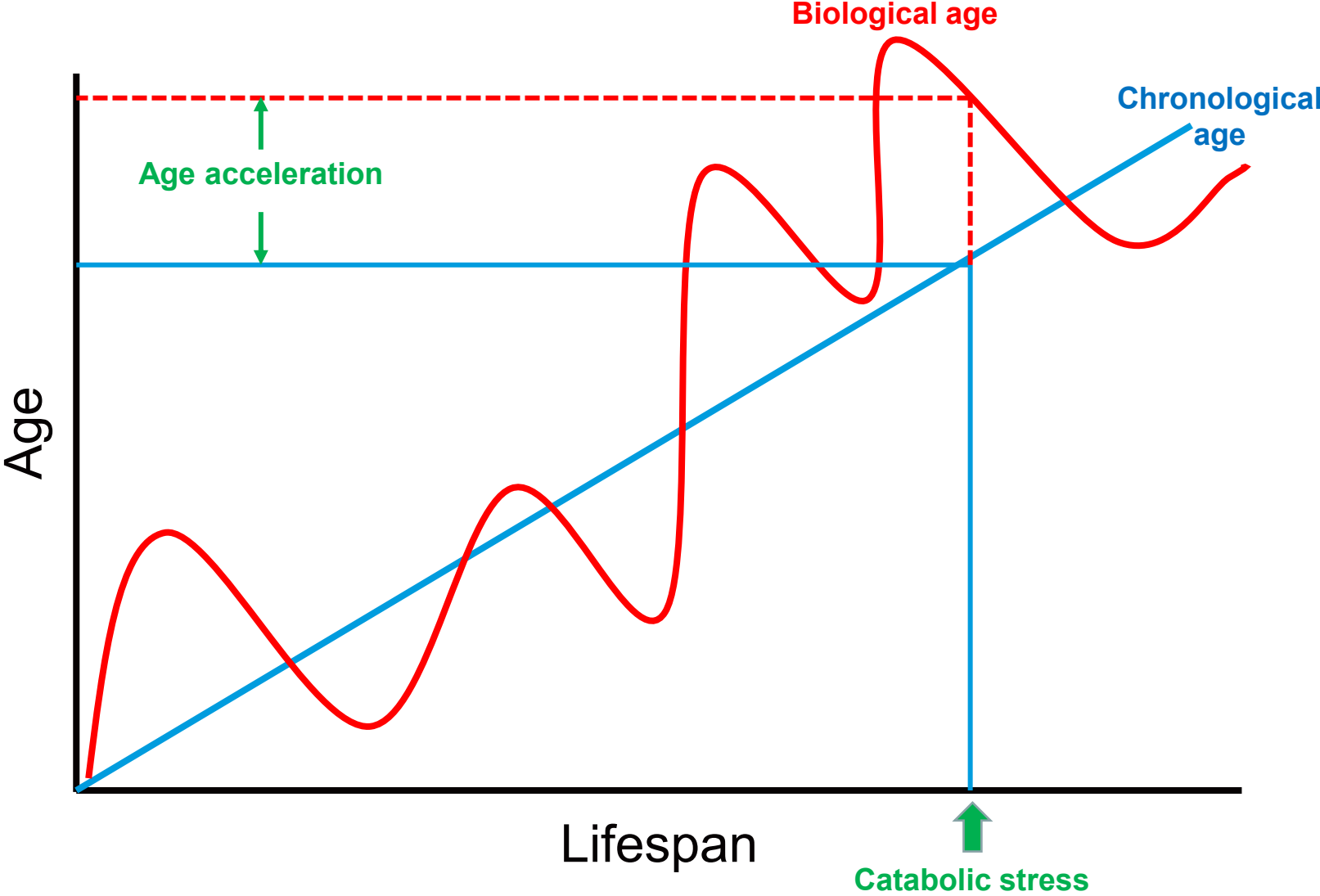
Factor	Baseline prevalence, %	Increase in prevalence, % (95% CI)	OR (95% CI)
Patient factors at admission			
Age ≥75 y	31.9	5.3 (5.1 to 5.5)	1.27 (1.25 to 1.28)
Multimorbidity	8.7	3.8 (3.7 to 3.9)	1.50 (1.47 to 1.53)
Polypharmacy	9.7	6.6 (6.5 to 6.7)	1.82 (1.78 to 1.85)
Hospitalization in prior year	49.4	3.9 (3.7 to 4.1)	1.17 (1.16 to 1.18)
Hospital course			
Admission via ED	79.0	12.2 (12.0 to 12.3)	2.74 (2.71 to 2.77)
Arrival via ambulance	42.1	9.9 (9.8 to 10.1)	1.49 (1.48 to 1.51)
Any interhospital transfer	25.7	6.1 (5.9 to 6.2)	1.35 (1.33 to 1.36)
Multiple acute medical problems	5.0	4.7 (4.6 to 4.8)	2.06 (2.02 to 2.09)
Any ICU stay	10.7	-0.4 (-0.5 to -0.3)	0.96 (0.95 to 0.97)
Any adverse event	9.1	1.6 (1.5 to 1.8)	1.20 (1.19 to 1.22)
Prolonged length of stay	23.9	2.3 (2.1 to 2.4)	1.13 (1.12 to 1.14)
Died in hospital	6.3	-1.1 (-1.2 to -1.0)	0.81 (0.80 to 0.83)
Outcomes within 30 d of discharge			
Unplanned readmission	14.4	1.7 (1.5 to 1.8)	1.14 (1.12 to 1.16)
Death	2.9	0.8 (0.7 to 0.9)	1.28 (1.25 to 1.31)



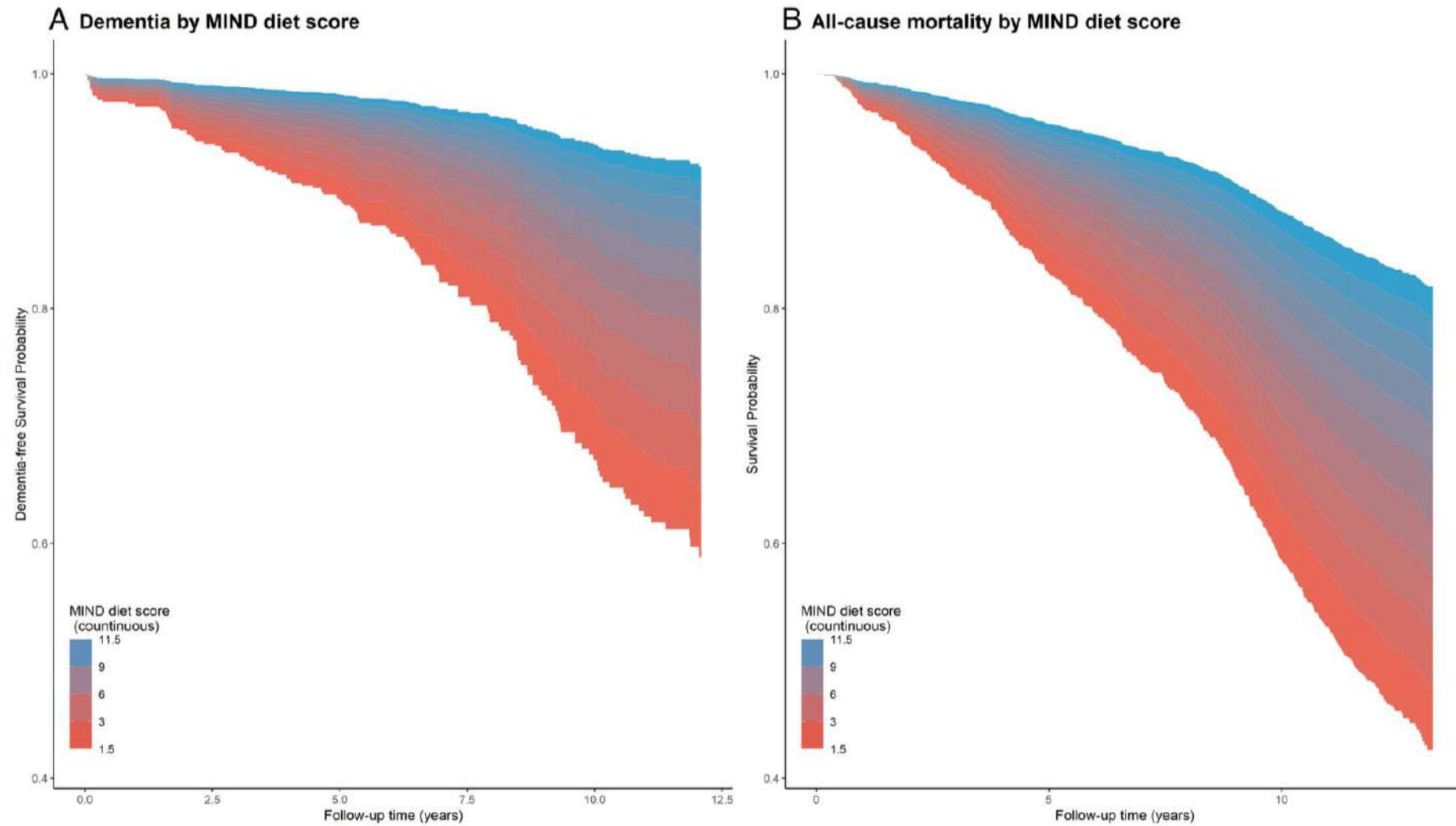
Individualised nutritional support in medical inpatients at nutritional risk: a randomised clinical trial

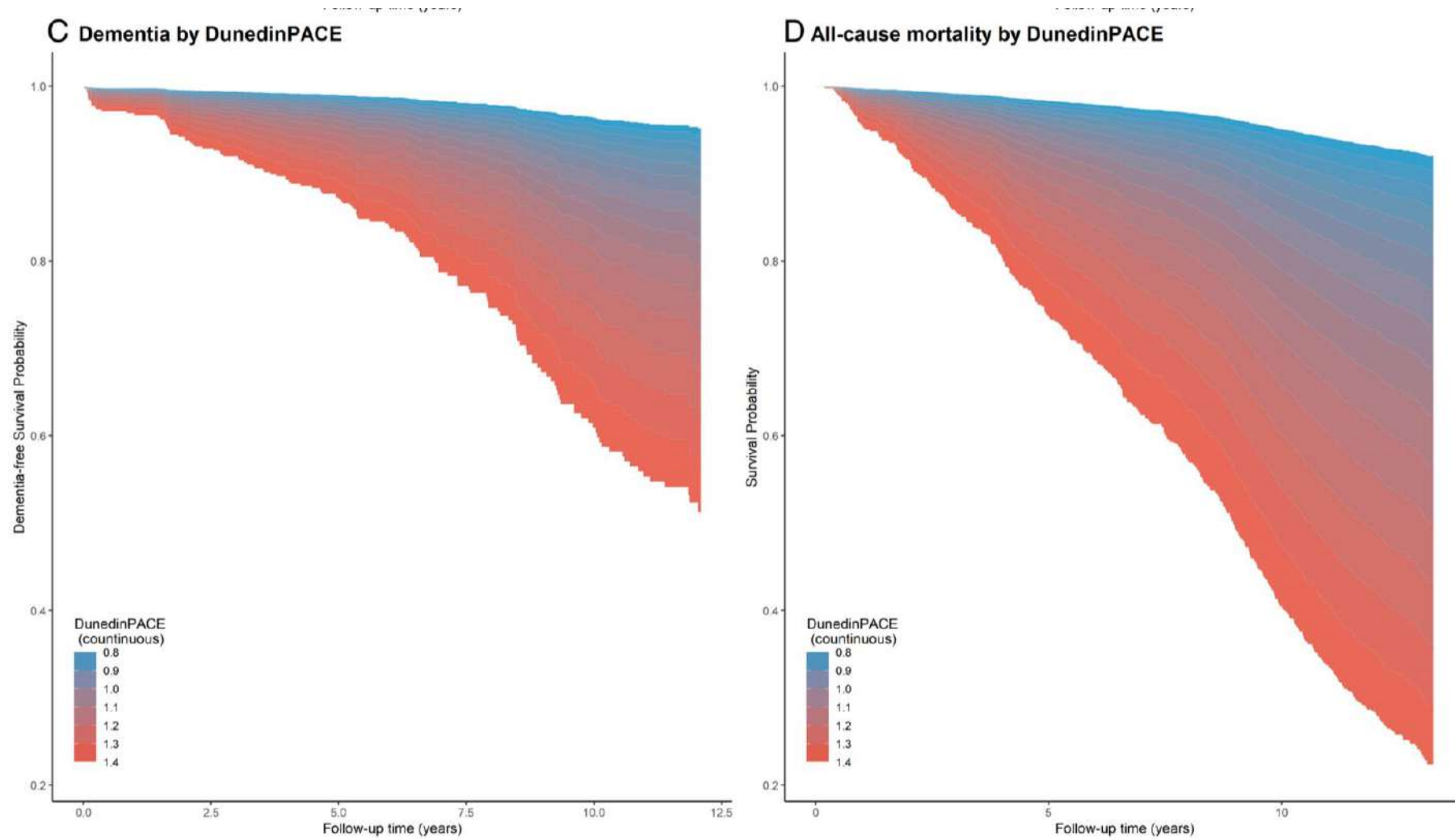
	Intervention group (n=1015)	Control group (n=1013)
Sociodemographics		
Mean age (years)	72.4 (14.1)	72.8 (14.1)
Age group (years)		
<65	177 (17%)	178 (18%)
65-75	349 (34%)	322 (32%)
>75	489 (48%)	513 (51%)
Male sex	525 (52%)	539 (53%)
Nutritional assessment		
Mean body-mass index (kg/m ²)*	24.9 (5.4)	24.7 (5.3)
Mean bodyweight (kg)	70.9 (16.4)	70.9 (16.4)
NRS 2002 score (%)†		
3 points	310 (31%)	314 (31%)
4 points	391 (39%)	384 (38%)
5 points	263 (26%)	261 (26%)
>5 points	51 (5%)	54 (5%)

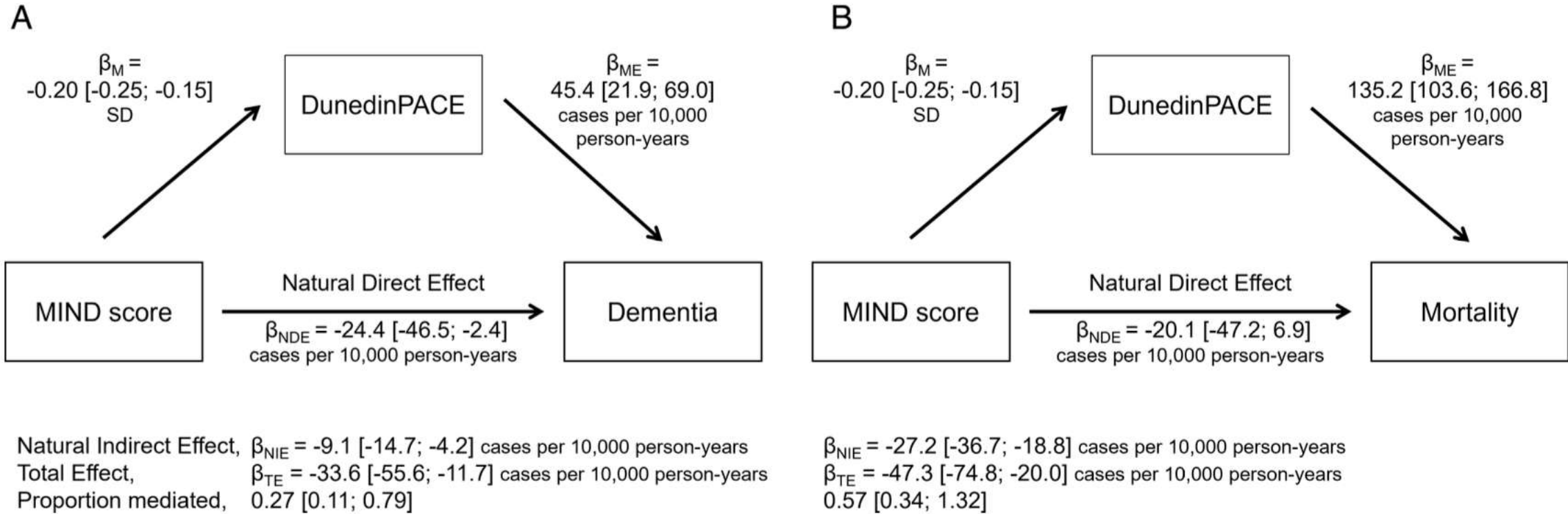
Chronological vs biological age



Diet, Pace of Biological Aging, and Risk of Dementia in the Framingham Heart Study



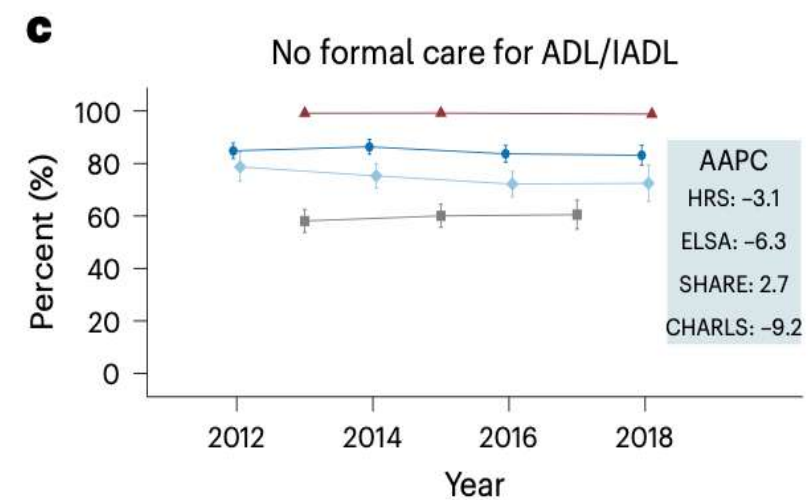
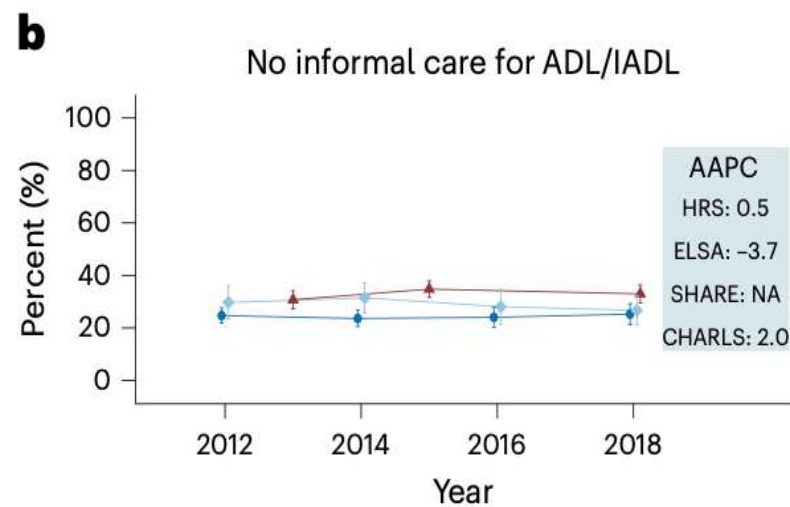
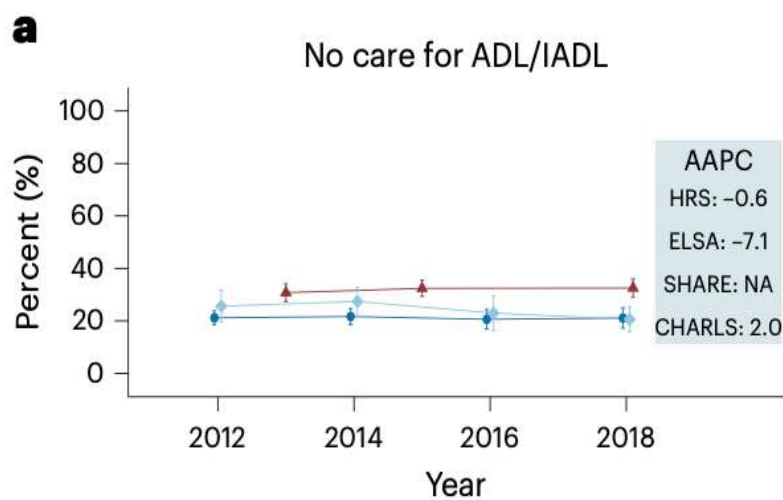






Absence of care among community-dwelling older adults with dementia and functional limitations

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● HRS ◆ ELSA ■ SHARE ▲ CHARLS

Table 1
Nutritional composition of RUTF and ONS.

	Per 100 g		Delivered per day	
	RUTF	ONS	RUTF (92 g)	ONS (340 ml)
Energy (kcal)	545	150	500	510
(kJ)	2281	630	2093	2142
Macronutrients				
Protein, g	13.6	3.4	12.5	11.56
Carbohydrates, g	35.0	18.8	32.2	63.92
Fat, g	35.7	6.8	32.9	23.12
Minerals				
Sodium, mg	189	67	<189	227.8
Potassium, mg	1111	140	1051	476
Calcium, mg	320	84	276	285.6
Phosphorus, mg	394	75	276	255
Magnesium, mg	92	17	84.6	57.8
Zinc, mg	14	1.5	12.9	5.1
Iron, mg	11.5	1.5	10.6	5.1

RUTF, ready to use therapeutic food; ONS, oral nutritional supplement.

Impact of therapeutic food compared to oral nutritional supplements on nutritional outcomes in mildly underweight healthy children in a low-medium income society

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