

The Pathway

Making Malnutrition Matter

Autumn 2021

malnutritionpathway.co.uk

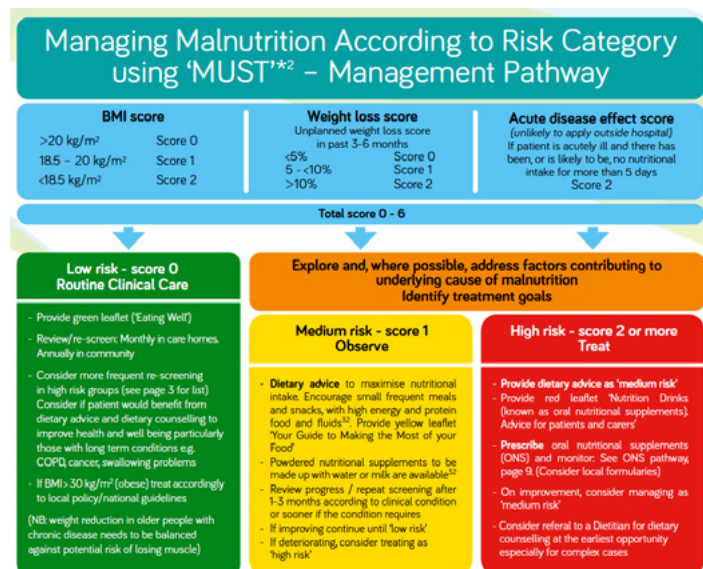


New resources from the Malnutrition Pathway

Evidence based management of disease related malnutrition: updated guidance including a four step approach

The Managing Adult Malnutrition in the Community panel has updated its guidance for community healthcare professionals. The updated guide reflects the latest evidence and best practice and is encouraging professionals to consider a four step approach to the management of disease-related malnutrition:

- Step 1: Identification of malnutrition: nutrition screening
- Step 2: Assessment: identifying the underlying cause of malnutrition
- Step 3: Management: identifying treatment goals and optimising nutritional intake
- Step 4: Monitoring the intervention



Developed by a multi-professional panel with an expertise and interest in malnutrition, the evidence-based document has been updated to incorporate the most up-to-date national and international guidance as well as high quality, peer reviewed research. It emphasises the role of the multi-disciplinary team in identifying and managing malnutrition, working alongside dietitians, and provides information for non-nutrition experts on actions to optimise dietary intake along with appropriate prescribing of oral nutritional supplements (ONS) when required.

Article continues on page two >

Note from the Editor

Updating the Managing Adult Malnutrition in the Community resources has been our primary focus in past months. We thank all involved for their dedication and expertise in contributing, in what continues to be a challenging environment. Many elements of the guidance and resources have been updated to reflect emerging evidence and feedback from users. The updated guidance is now structured under four main steps with a greater focus on assessment. This mirrors not only the nutrition care process but also the framework used by many healthcare professionals to determine and deliver the care required and monitor the impact. We hope that the updated guidance will continue to act as a key resource: raising awareness amongst community healthcare professionals of the adverse consequences of unnoticed and untreated malnutrition. Importantly, we are aiming to provide a toolkit for members of the entire healthcare team to help alleviate the underlying causes and break the repeated cycles of malnutrition. Encouraging early action and knowing when to refer on to a Dietitian will ultimately take us one step closer to optimising nutritional care for all our patients.

We have also been working on raising awareness of the importance of nutrition in managing the detrimental effects of COVID and Long COVID. Although the role of nutrition in facilitating recovery is an area requiring more research, our knowledge of other conditions with an inflammatory component similar to COVID suggests diet and resistance training are likely to play an important role in assisting in recovery. Determining the optimum diet can be complex, particularly if patients have pre-existing conditions. I, amongst others, am keen to acknowledge and promote the role registered Dietitians can play in undertaking comprehensive assessments, and in providing an individual with meaningful and appropriate advice to support COVID recovery whilst also managing other long-term conditions.

On the topic of COVID-19, please do read Keren Ling's 'fly on the wall' article on successfully adapting the community based dietetic services during the pandemic. With the COVID pandemic further emphasising the impact of low muscle mass and muscle loss in impeding recovery, we have been working with Dr Ann Ashworth, Consultant Dietitian, on the development of a fact sheet focusing on sarcopenia. For optimal recovery, it's important we get the message out about the importance of a protein rich diet, combined with resistance type exercise or activity tailored to the individual; this ensures muscle strength and preservation or improvement in function during recovery from acute illness/a long-term condition.

I would like to finish with a collective thank you to all the experts working so hard to help us continually develop the materials that healthcare professionals are asking for, and to all those professionals who have provided us with really useful feedback and helped disseminate the resources. We are delighted to have received over 4,500 visits to our website each month during the past year. It is truly heartening to hear of all the amazing work nationwide to ensure nutrition and hydration is an integral and essential component of health and social care.



Dr Anne Holdoway BSc RD FBDA

Registered Dietitian and Chair of the 'Managing Adult Malnutrition in the Community' panel'

New resources from the Malnutrition Pathway

Article continued from front page Three patient leaflets accompany the guidance document. The document and leaflets have been endorsed by:

- The British Association For Parenteral And Enteral Nutrition (BAPEN)
- The British Dietetic Association (BDA)
- The British Pharmaceutical Nutrition Group (BPNG)
- The National Nurses Nutrition Group (NNGG)
- The Patients Association
- The Primary Care Society for Gastroenterology (PCSG)
- The Primary Care Pharmacy Association (PCPA)
- The Royal College Of General Practitioners (RCGP)
- The Royal College Of Nursing (RCN)
- The Royal Pharmaceutical Society (RPS)

The guidance document has also received the following endorsement statement from NICE:

Managing Adult Malnutrition in the Community

This booklet supports the implementation of recommendations in the NICE guideline on nutrition support for adults. It also supports statements 1, 2 and 5 in the NICE quality standard for nutrition support in adults. *National Institute for Health and Care Excellence Endorsed December 2017 Updated June 2021*

Our thanks to Nutricia who have continued to support us in the production of the 'Managing Adult Malnutrition in the Community' materials by means of an unrestricted educational grant.

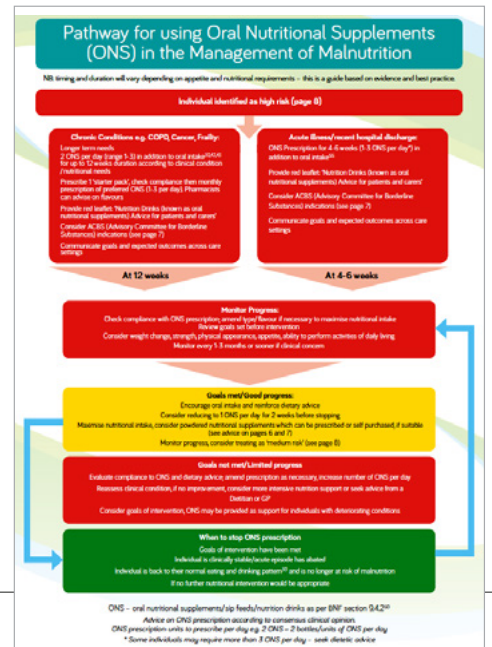
What the experts say

"Unintentional weight loss is a red flag for many conditions" says Dr Anita Nathan, GP member of the Managing Adult Malnutrition in the Community panel. "Whilst malnutrition will most regularly occur in those who are underweight, it is becoming more common in those who are overweight and obese and due to the high body mass index it can be easily overlooked. It is hoped that by encouraging community healthcare professionals to implement appropriate screening, including observations such as unintentional weight loss and poor appetite and further assessment of the issues, we can ensure that patients don't slip through the net."

"This resource gives useful guidance for the whole multi-disciplinary team on the identification and management of malnutrition" says Dr Graham Stretch, PCPA President and PCN Clinical Director. "It is evident that the nutritional status of patients has a direct effect on their outcomes. With a spotlight on the nation's health post-COVID, nutrition should become front and centre of care. The formation of Primary Care Networks (PCNs) has allowed groups of practices to recruit healthcare professionals with specialist skills to their teams. I would encourage PCN Directors to read this guidance and consider the benefits of engaging a Dietitian as part of that multi-disciplinary team to ensure that nutritional care becomes an integral part of patient care pathways."

"There are around 3 million people at any time in the UK who are malnourished or at risk of malnutrition" says Liz Anderson, Lead Nurse for Nutrition and member of the Managing Adult in the Community panel. "Taking early action through screening and being aware of those at risk can prevent the escalating health and social care costs associated with a deteriorating state of nutrition. I hope that this four step guidance will help community healthcare professionals to confidently take relevant actions whilst also identifying those patients who need to be referred on to a Dietitian for additional support."

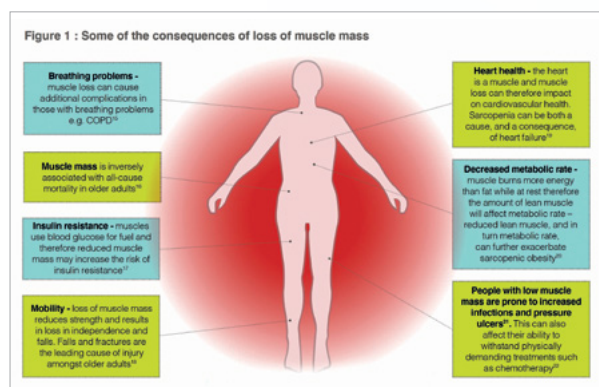
"The symptoms of malnutrition share similarities with side effects of medications, in addition the metabolism of drugs is affected by body mass and physiological status" says Sam Cudby, Practice Pharmacist member of the Managing Adult Malnutrition in the Community panel "Pharmacists are in an excellent position to deliver the first tier of malnutrition management. It is important that we work as part of the multi-disciplinary team and seek guidance from our dietetic colleagues, particularly if we are amending prescriptions that have been recommended following a comprehensive nutritional assessment by a dietitian. It is hoped this evidence-based guidance will assist pharmacists in integrating nutrition screening into polypharmacy reviews to identify malnutrition, gain a more holistic view of patient's health needs and achieve better outcomes."



New factsheet to advise on dealing with Sarcopenia

In light of the increasing evidence on the importance of preserving muscle mass and muscle strength as we age¹, we have developed a new fact sheet focusing on sarcopenia (loss of muscle mass) which can be downloaded at <https://www.malnutritionpathway.co.uk/sarcopenia>

Disease, inactivity and poor nutrition can all contribute to sarcopenia and whilst it is more common in older age it can also occur in earlier life². Left untreated sarcopenia can affect recovery from surgery or injury³, hamper response to treatment⁴, reduce functional capacity^{5,6} or contribute to a more rapid deterioration in pre-existing conditions⁵⁻⁷ (Figure 1, below). The combination of illness, reduced activity or bed



rest, a poor appetite and reduced food intake, frequently results in weight loss particularly amongst older people and those with chronic conditions. Muscle is often lost at a disproportionate rate to fat mass.



The new fact sheet outlines why it is important to identify sarcopenia in all patients whether they are underweight, normal weight, overweight or obese. It summarises the multiple factors that can contribute to sarcopenia and the potential consequences to health, giving practical advice on diagnosis and treatment according to the patients' current nutritional status.

It includes advice on how to identify sarcopenia and malnutrition, detailing the principles of management of malnutrition and sarcopenia, including guidance on optimising nutritional intake, through diet and the inclusion of oral nutritional supplements when indicated, in combination with exercise.

"The consequences of not identifying and treating sarcopenia can cause long term adverse outcomes for patients whilst putting additional pressures on health and care services" says Dr Ann Ashworth, Consultant Dietitian and one of the fact sheet authors "Whilst in malnourished patients the presence of sarcopenia may be visually obvious it is not always easy to identify sarcopenia in overweight or obese patients where it is easily missed. We hope this fact sheet will assist healthcare professionals in identify and managing sarcopenia."

In the media

Members of the Malnutrition Pathway team have been working hard over the past few months to publish articles which raise awareness of the issue of malnutrition in a number of areas. Our thanks to those who have dedicated their time to assist in raising awareness and educating others. We thought we would give you a flavour of some of the features that have appeared:

Dr Anita Nathan, GP, wrote an excellent article focusing on the impact of malnutrition on patients with long term conditions for **InnovAIT**, the RCGP journal aimed at GP trainers, trained and newly qualified GPs, practice and community nurses, foundation level doctors and medical students contemplating a career in primary care. She also wrote an article for **Guidelines in Practice** focusing on the recently updated Managing Malnutrition in COPD guidelines focusing on key learning points for healthcare professionals in dealing with malnutrition in people with COPD.

Liz Anderson, Lead Nurse for Nutrition developed an article for the **Journal of Community Nursing** in conjunction with **Dr Anne Holdaway**, Consultant Dietitian focusing on the nutritional status of COVID-19 and Long COVID patients.

Dr Anne Holdaway, Consultant Dietitian, has put together a number of articles focusing on COVID-19 and nutrition. The first for the **British Journal of Community Nursing** focused on the nutritional management of patients during and after

COVID-19 illness has since appeared on the **World Health Organisation (WHO)** website. Other articles have also appeared in **Complete Nutrition** and the **Nursing Standard**. Anne has also recently written a number of articles focusing on addressing nutrition in the roadmap for recovery for those with COVID-19 and long COVID-19.

Anne has also written articles for the **British Journal of Healthcare Management**, looking at how tackling malnutrition can reduce healthcare usage and improve patient outcomes. In addition she wrote an article in conjunction with **Hilary Franklin**, Malnutrition Pathway Co-ordinator, for **Dietetics Today** outlining the process that the Malnutrition Pathway panel went through to develop the evidence based guidance to optimise nutritional care and combat malnutrition in patients with COPD

Dr Peter Collins, **Dr Anita Nathan**, **Shelley Roberts** and **Professor Tom Wilkinson** have had an article published in the **British Journal of General Practice** focusing on effective nutrition support for patients with chronic obstructive pulmonary disease in primary care. The article is free to access at <https://bjgp.org/content/71/710/427>

We are continuing to collaborate with a number of UK journals and have a number of other features appearing this year which we will keep you updated on in future issues of the Pathway.

Focusing on the nutritional status of Covid and Long Covid patients

In December 2020, the National Institute of Health and Care Excellence (NICE) published a COVID-19 rapid guideline on managing the long-term effects of COVID-19. Despite the fact that the current pandemic has highlighted the importance of nutritional status in maintaining good health, nutrition support does not feature in this guidance.

In March 2020 the Malnutrition Pathway convened an international team to rapidly develop the Malnutrition Pathway COVID-19 materials. The resources have been incredibly popular since their launch last summer with over 35,000 copies of the patient materials downloaded from our website from the summer of 2020 up until the end of August 2021. In addition many NHS Trusts across the UK adopted the resources to include in discharge packs for COVID-19 patients.

The nutritional consequences of COVID-19 are not yet fully understood but knowledge from acute respiratory distress syndrome suggests that patients are likely to experience skeletal muscle dysfunction which can persist for weeks to years¹. In addition many symptoms associated with COVID-19 infection such as breathlessness, fatigue, loss of smell and taste and inflammation, persist beyond the acute COVID infection²⁻⁶ and impact on an individual's ability to consume a nutritious diet, contributing to a poor nutritional status or exacerbating pre-existing conditions. Initial recent research has found a very high incidence of weight loss and risk of malnutrition among COVID-19 survivors, independent of hospitalisation⁷ and sarcopenia, loss of muscle mass and function, has been found to occur in survivors of COVID-19; with older adults and the most critically unwell patients being the most at risk⁸.

Low muscle mass negatively affects patient outcomes and increases healthcare utilisation. It is associated with higher rates of infections, poorer tolerance to chemotherapy, hospitalisation, fractures, reduced quality of life, and reduced survival⁹. For those with pre-existing conditions (including poor cardiometabolic health), who have had severe COVID-19 and in some cases long COVID, the resources aim to support dietary adjustments whilst acknowledging the importance of a tailored nutritional approach that might be required.

Obesity May Mask Malnutrition

Obesity has been associated with more severe COVID-19 infections, the need for hospitalisation and poorer outcomes¹⁰.

Co-morbidities present in those who are obese such as diabetes, have further accentuated the muscle loss arising from the hyperinflammatory state and insulin resistance observed in the acute phase of illness⁷. This is supported by evidence that a large proportion of patients describe ongoing muscle weakness following COVID-19 infection, as well as an increase in care dependency and frailty scores^{11,12}. While appetite may return to normal after acute infection, inadequate protein intakes and reduced mobility (due to persistent fatigue or breathlessness for example) even in those who are overweight or obese, can be a problem, hampering recovery. For overweight and obese individuals, in whom the acute infection has subsided and appetite is returning, a high calorie diet may not be appropriate as it may exacerbate pre-existing conditions related to cardio-metabolic health, however advice on adequate protein intakes while increasing exercise levels may be needed.

"We know that obesity increases the risk of severe illness and death from COVID-19 and in patients with severe COVID infection who have rapid weight loss, healthcare professionals should be alert to the likelihood of loss in muscle mass (sarcopenia) rather than fat mass in some of their patients during the early post hospital period" says Dr Anita Nathan, GP, Malnutrition Pathway panel member. "It is important that messages relating to increased protein intake in combination with exercise are given to these patients to ensure they recover muscle loss."

Nutritional Strategies

Implementing nutritional management strategies is recognised as being crucial for hospitalised patients, particularly those in the ICU or with older age and multi-morbidities¹³. Insights gained during the pandemic suggests that individuals managing or recovering from COVID-19 symptoms at home should receive dietary counselling on how to maintain an adequate intake of calories, protein, and fluids⁷ and that strategies such as using remote nutritional screening tools recently developed for primary practise, should be implemented to improve the nutritional management of

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patients managed at home⁷.

“Where patients may be at risk of malnutrition, e.g. in vulnerable groups such as people with long term health conditions, or those with Learning Disabilities, we would like to encourage community based healthcare professionals to carry out malnutrition screening following COVID-19 infection” says Liz Anderson, Lead Nurse for Nutrition and Malnutrition Pathway panel member. “This is particularly important where patients are experiencing persisting symptoms that may affect their nutritional status.”

Information on screening remotely can be found at <https://www.bapen.org.uk/pdfs/covid-19/covid-mag-update-may-2020.pdf>. Patients can also be encouraged to self-screen <https://www.malnutritionselfscreening.org> For individuals who are underweight or continuing to lose weight following COVID-19 infection, nutrition support in the form of a high energy, high protein diet is indicated, and oral nutritional supplements may be required if patients are unable to increase

their intake through diet alone¹⁴.

The malnutrition pathway materials to support community healthcare professionals in the management of patients who have COVID-19 or are recovering from infection are available to download for free at <https://www.malnutritionpathway.co.uk/covid-19> These include a guide for healthcare professionals including a nutritional care pathway, a guide for care homes plus patient leaflets which include tips on coping with symptoms related to COVID-19 illness and encouraging activity combined with good nutrition.

Additional fact sheets on incorporating protein into the diet for both healthcare professionals and patients are also available at <https://www.malnutritionpathway.co.uk/proteinfoods>

NB: More detailed support on complex conditions should be sought from a registered dietitian.

Tackling malnutrition in County Durham and Darlington during the Covid-19 pandemic



Keren Ling, County Durham and Darlington NHS Foundation Trust

I am Keren, a Community Dietitian based in County Durham and Darlington. I would like to share my experience in tackling malnutrition since I started this community job in May 2020, when COVID-19 was already prevalent. To give you some background, my job role as a Community Dietitian during the pandemic involved providing

dietary assessments and reviews for community patients who have an ongoing high risk of malnutrition. I also provided training and education sessions for community staff members including practice nurses, healthcare assistants and GPs in GP practices.

Since starting this role, the typical role of a Community Dietitian has changed drastically due to COVID-19. Where feasible, face-to-face clinics have been switched over to telephone consultations. As workplace offices were having to adhere to social distancing measures at all time, most community staff members were given the opportunity to work from home twice a week to accommodate sufficient desk space for acute staff members and students on placement.

As the majority of my patients are older adults, it is not surprising that telephone clinics bring their own set of challenges. This could include poor mobile phone signal, poor hearing from the patient themselves, no access to weighing scales at home, failure to pick up phone calls and loss of continuity in dietetic care. As COVID-19 cases reduced, some dietetic outpatient clinics were restarted for urgent patients who were able to attend these clinics. For high risk patients with limited mobility, face to face home visits have recently been reinstated with PPE fully provided for community staff members carrying out these visits. Although COVID-19 has resulted in several changes in how dietitians usually carry out dietary assessments and reviews, these changes have been necessary to continue to help patients with ongoing nutrition support.

During the peak of COVID-19, community hospitals' bed capacity within our trust significantly increased to accommodate hospital discharges and COVID-19 isolation.

This resulted in increased dietetic referrals within community hospitals and additional pressures to review and assess individuals in the inpatient setting. Another reason for increased dietetic referrals was the changes of Malnutrition Universal Screening Tool ('MUST') referral criteria in our Trust made during COVID-19.

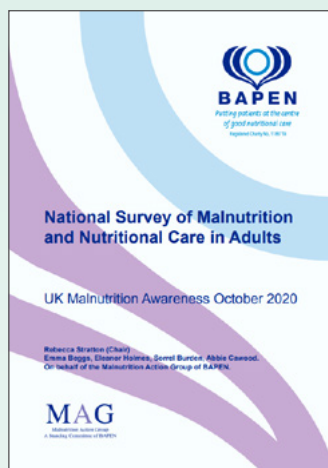
In addition to the 'MUST' scores for weight loss and body mass index, all COVID-19 inpatients were allocated a score of 1 to account for the severity of the illness and its potential long term impact on nutritional status. Due to the increased number of inpatients within our Trust, I decided to carry out a 'MUST' audit in one of the community hospitals to assess compliance and accuracy of inputting 'MUST' scores and whether all inpatients with a MUST score of more than 2 had been referred to the dietetic department. The audit highlighted the risks of unnoticed malnutrition within inpatients as well as the need for further staff training as not all patients were referred to the dietetic department. Training on 'MUST' for hospital staff will therefore be provided to address this problem.

Training for community staff members to develop their role in providing nutrition and dietary advice for patients in the community also constituted part of my remit. A training needs analysis was undertaken via email using a questionnaire-based survey to identify what areas of training were required. Most training included information on how to carry out 'MUST', first line dietary advice for a range of clinical conditions, food fortification dietary advice and our Trust's oral nutritional supplement prescribing pathway. As all education sessions were switched to online delivery, time was dedicated to planning and effective delivery of the online training and incorporating a range of tools such as live polls to encourage interaction and engagement. Training also sought to raise awareness of the local prescribing pathway to help community staff members and GPs make choices on suitable nutritional supplements for patients with a 'MUST' score of more than 2 and to help tackle the problem of malnutrition in the community.

Overall, the community dietetic work plan changed significantly as a result of the COVID-19 pandemic. We continually tried to tackle malnutrition within the community through the provision of bespoke dietetic led nutrition support in conjunction with education sessions and 'MUST' training to empower other members of the community team to take appropriate action.

Update on activities relating to malnutrition

BAPEN PUBLISHES NATIONAL SURVEY OF MALNUTRITION AND NUTRITIONAL CARE IN ADULTS REPORT



In 2020 BAPEN and the Malnutrition Action Group (MAG) conducted a national screening survey of malnutrition and nutritional care in adults. Its aim was to review the status of nutritional care across all health and social care settings in the UK during one month. A full report of the findings over the month can be found at <https://www.bapen.org.uk/pdfs/reports/mag/national-survey-of-malnutrition-and-nutritional-care-2020.pdf>

Data was collected from 1,183 individuals and was collated via hospitals (76%) and a variety of

community settings (24%) across the UK. The aim of the survey was to build a comprehensive national picture of the problem of malnutrition.

The final report breaks down ‘MUST’ results and gives an insight into malnutrition risk by age, setting, and disease state, giving an overview of the quantity and quality of nutritional care that people are receiving across hospital and community settings.

Dr Rebecca Stratton, Chair of MAG, said of the report’s findings, “This survey is such an important way for us to further our collective understanding of how prevalent malnutrition continues to be and how widely used nutritional care is across the UK. I was particularly pleased that patients included in the survey had a range of primary diagnoses, enabling us to draw conclusions about malnutrition and nutritional care across a breadth of conditions. Although the prevalence of malnutrition remains high, encouragingly, we saw a breadth of nutritional interventions included in the care plans for the management of this condition. It will be incredibly worthwhile to analyse the findings from this report in conjunction with the data we hope to gather from our 2021 Malnutrition Awareness Week Survey to examine trends over time in malnutrition prevalence and nutritional care. This year will be our third time running the Malnutrition and Nutritional Care survey, and I am eager for the response to grow year on year and to include as many different settings across the UK.”

More information on how to take part in the 2021 survey and details of registration can be found at <https://data.bapen.org.uk/maw/maw-home>

MEDICAL NUTRITION TODAY - A NEW RESOURCE FOR HEALTHCARE PROFESSIONALS: Medical Nutrition Today is a new resource for healthcare professionals. Medical Nutrition Today offers a unique online compendium of medical nutrition products for the UK and Ireland including enteral tube feeds, oral nutritional supplements and foods for specific medical purpose (FSMP). The resource has a Product Finder, an Evidence Database, a COVID section as well as guidelines and pathways. Feature articles and news items complement these. The resource was borne from observation that there was no central place to quickly and easily search for and compare medical nutrition products.

Helping you find a product

Imagine the scenario. You are in a busy virtual clinic reviewing a malnourished patient recovering from COVID. They complain of taste changes and can’t tolerate the oral nutritional supplements prescribed and want to try a lemon-flavoured supplement! How do you quickly find the right product?

The Product Finder allows you to search the product compendium. Tick boxes for product type, condition or a disease-specific product, help refine searching, with scope to limit the search to ACBS approved, adult or paediatric products. You can quickly identify

products that are high in protein or energy, contain fibre or whose protein sources are amino acids or peptides. It is sometimes also useful to search by flavour. Remember the scenario? Type in “lemon” in the Medical Nutrition Today “Product Finder.” Tick adult, ACBS, liquid and powder ONS boxes and the results appear. Select up to 4 products to compare side-by-side to help in your decision-making. It’s as easy as that!

Finding the evidence

It can be difficult to keep up to date with current literature. Medical Nutrition Today’s Evidence Database continues to grow with new papers added each week. Searches can be easily refined by type of paper, year, age group, product type or setting. Additionally any products in the compendium that are mentioned in a paper in the Evidence Database have a “mentions in database” link. Click on this to find the link to the related paper. Nothing like finding the evidence for practice with the click of a mouse!

Discovering guidelines or pathways

The pathways and guidelines section is subdivided to aide your



search. Of particular relevance for those interested in malnutrition might be the dysphagia, oral nutritional supplements and tube feeds and COVID sections. A simple click on a guideline or pathway of interest takes you to the related document or website.

Working together

Medical Nutrition Today is working with healthcare professionals to improve nutritional care through effective and safe, evidence-based use of medical nutrition. We are keen to work with interested professionals so please contact us if:

- you would like to discuss Medical Nutrition Today promoting your resources, events, webinars, study days or groups
- we missed something - tell us about a new pathway, guideline or evidence you would like included in the resource
- you want to showcase your work, team, specialist group or resource? Let’s discuss a feature, news item or a case study.
- you have a bright idea to improve the resource? All ideas welcomed!

Email info@medicalnutrition.today or follow us on twitter @ [MediNutriToday](https://twitter.com/MediNutriToday)

Medical Nutrition Today – the experience of a final year student dietitian: Amira Burnieh, Student Dietitian, King’s College London The introduction and development of Medical Nutrition Today has been a valuable addition to my learning experience as a student dietitian. Having a website that provides easy access to nutritional products used in clinical practice alongside the latest nutritional



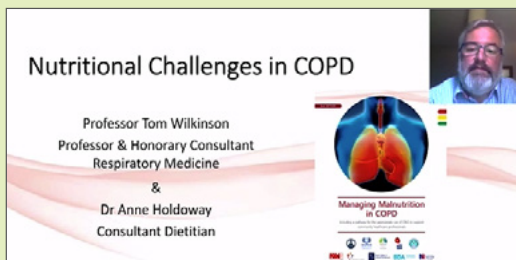
research and clinical practice guidelines in one place is an incredible advantage. It’s also a great website to keep up to date with the latest evidence and guidelines in the medical nutrition world. I believe that Medical Nutrition Today’s resources are going to be of great help and benefit to student dietitians, especially on placement. It will primarily be helpful when consulting

adult and paediatric patients requiring oral nutritional supplements or enteral feeds. The resource enables easy comparison of nutritional products with their nutritional composition and indications. This supports choosing the right product for the right patient helped by information in the Evidence Database and Guidelines and Pathways section. It will not only be of an incredible benefit during clinical placement but also whilst revising and preparing for exams. It can help dietetic students become familiar with the products available and particularly beneficial for clinical case studies requiring knowledge about oral nutritional supplements and enteral feeds. I believe and am confident that as a final year student dietitian, Medical Nutrition Today will be of great benefit to me and to the development of my learning skills with regards to nutritional products

and related evidence and guidelines. Whilst Medical Nutrition Today provides insightful resources for healthcare professionals, it also gives the opportunity to give back by accepting written articles from interested healthcare professionals, allowing more engagement, modern topics, and new perspectives from clinical experience. A resourceful website, that is easy to navigate and widely accessible to all healthcare professionals, is a website that is valued and much needed.

Conferences and events

Despite the issues faced by the conference industry over the past year the Malnutrition Pathway has been involved in a number of virtual events and have developed a number of webinars and podcasts. Below is a summary of some of the sessions we have recently been involved in along with links to webinars and podcasts



NUTRITIONAL CHALLENGES IN COPD WEBINAR Professor Tom Wilkinson, Professor of Respiratory Medicine joined Dr Anne Holdoway, Consultant Dietitian, in sessions at Pulse Live 2020 virtual conference and the Primary Care Respiratory Society (PCRS) Conference. Their sessions provided insights into the pathophysiology of COPD and how the disease and exacerbations impact nutritional status, highlighted the nutritional issues and challenges faced by patients with COPD and explored management strategies to optimise nutrition via case histories. The PCRS 'Nutritional Challenges in COPD' webinar can be viewed at <https://www.malnutritionpathway.co.uk/videos>

The poster for the PCPA Webinar features the PCPA logo at the top. The main text reads: 'PCPA Webinar: Can Nutritional Advice for Patients with Cancer Improve Outcomes and Quality of Life? Thursday 16th September 8 - 9pm Zoom online'. Below this, it says 'Join Sam Cudby and Lucy Eldridge for this practical webinar. This webinar is free and open to all Pharmacy professionals'. A list of topics includes: 'Look at the role that Primary Care Pharmacists can play, as part of the MDT, in the nutritional management of patients with Cancer' and 'Use case based discussions to outline areas where Primary Care Pharmacists can offer nutritional advice and when to refer on for dietetic input'. There are two speaker photos: Sam Cudby and Lucy Eldridge. A 'REGISTER HERE' button is at the bottom.

PRIMARY CARE PHARMACISTS ASSOCIATION (PCPA) Further to our successful venture working with the PCPA last year to promote their Malnutrition Month – June 2020, Dr Anne Holdoway, Consultant Dietitian and Sam Cudby, Practice Pharmacist have been joined by Dr Graham Stretch, PCPA President, to develop a third podcast. This one focuses on the role of the Pharmacist in optimising adherence to ONS. It highlights the importance of supporting adherence to achieve the best outcomes for patients on ONS and discusses how measures which promote improved adherence (e.g. regular reviews, establishing preferences) can support the cost effectiveness of ONS directly (e.g. reduced wastage) and indirectly (e.g. decreased healthcare usage). Listen to the podcast: <https://www.pcpa.org.uk/spotlight.html> PCPA Podcast Malnutrition Part 3. The first two podcasts in the series can also be downloaded at <https://www.malnutritionpathway.co.uk/videos> Lucy Eldridge, Head of Dietetics at the Royal Marsden and Chair of the BDA Oncology Specialist Group and Sam Cudby, Clinical Pharmacist spoke at a recent webinar for the Primary Care Pharmacists Association. The session focused on the role of the Primary Care Pharmacist in Providing Nutritional Advice to Patients with Cancer to Improve Quality of Life. The session focused on the role that Primary Care Pharmacists can play, as part of the MDT, in the nutritional management of patients with cancer and used case based discussions to outline areas where Primary Care Pharmacists can offer nutritional advice and when to refer on for Dietetic input.

The webinar can be accessed for free at <https://bit.ly/3CtU1CI>

MALNUTRITION AWARENESS WEEK – 11-17 OCTOBER 2021 This week is Malnutrition Awareness Week, further information can be found at <https://bit.ly/3o8oc5V> The campaign aims to give impetus and support to those reaching out to at risk members of the community as well as celebrating the work of those who already do so much to combat malnutrition across the UK. Remember there are lots of free resources on our website that you can download to use as part of any activities you are planning during this week.

BAPEN VIRTUAL CONFERENCE – 29 NOVEMBER – 2 DECEMBER 2021 This years BAPEN conference will again be virtual. A series of webinars are planned over the course of four afternoons and evenings. In order to try to fit the webinars around the working day and commitments, two sessions will be live streamed each day at 4.00 - 5.30pm and 6.30 - 8.00pm from Monday 29th November to Thursday 2nd December. Topics to be covered will include:

- A case-based approach to feeding difficulties and dilemmas
- Nutrition in liver disease
- IBD and nutrition
- Drugs and nutrition support
- Nutritional support in intestinal and colorectal surgery
- Small Bowel – centre of the nutrition universe
- Now you know about click 'n' collect, what about PN homecare?

The opening ceremony will be delivered online on Monday 29th November and will provide an update on BAPEN's activities and achievement over the last 12 months with highlights from MAG and BANS along with the presentation of the prestigious BAPEN Awards and Recognitions.

The webinars will be free to BAPEN members with a nominal charge to non-members to include a year's free membership. Further information can be found at <https://bit.ly/3uhOTGo>