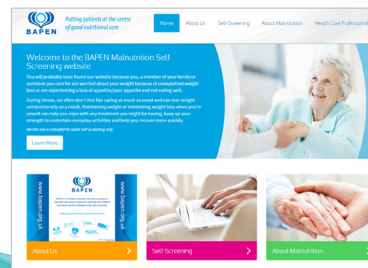


The Pathway

Making Malnutrition Matter

malnutritionpathway.co.uk



New Tools, Guidance and Reports

BAPEN Launches Malnutrition Self-Screening Tool

The British Association for Parenteral and Enteral Nutrition (BAPEN) has launched a new web based **Malnutrition Self-Screening Tool** designed to help adults living in the community to identify their own risk of malnutrition. Knowing weight, height and weight lost over time, the tool calculates body mass index (BMI), percentage weight loss and malnutrition risk using the criteria incorporated into the 'Malnutrition Universal Screening Tool' ('MUST')¹.

Individuals identified as being at risk of malnutrition, can download the dietary advice sheet – '**Your Guide to Making the Most of Your Food**' developed for the www.malnutritionpathway.co.uk website - which gives basic information and suggestions for improving nutritional intake, until further advice is received from a healthcare professional. Additional first line tips and advice are provided on the site based on the results of the screening.

Self-screening could help in the early identification, prevention and management of malnutrition. If malnutrition were identified and treated early it could prevent unnecessary GP consultations and hospital admissions. Data from BAPEN's Nutrition Screening Week surveys has shown that almost 30% of patients on admission to hospitals in the UK are at risk of malnutrition, much of which could have been identified and treated in the community².

The launch of the tool has been welcomed by Carers UK and The British Dietetic Association (BDA): "A simple tool which anyone can access is a great way to raise awareness of the risk of malnutrition and to get families asking the right questions so that they can get the right support making everyone healthier and more confident as a result," says Emily Holzhausen, Director of Policy and Public Affairs, Carers UK.

"This represents a major development and, for the first time on line, enables patients to identify malnutrition in themselves and then take appropriate steps to treat it," says Andy Burman, British Dietetic Association CEO.

The self-screening process fits in well with a range of professional and government recommendations that aim to empower members of the public and involve them in their own care,

"If malnutrition can be prevented or identified and treated at an early stage it could reduce dependency on others and admissions to hospital and other care settings" says Christine Russell who co-designed the tool and is a member of the Malnutrition Action Group of BAPEN. "It could also help family members who are often concerned about weight loss and changes in appetite when a loved one is unwell."

The new Malnutrition Self-Screening Tool can be accessed at www.malnutritionselfscreening.org

References

1. The 'Malnutrition Universal Screening Tool' ('MUST')
www.bapen.org.uk/screening-for-malnutrition/must/introducing-must
2. Russell C A and Elia M.(2014) Nutrition Screening Surveys in Hospitals in the UK, 2007-2011. BAPEN

Note from the Editor

Welcome to 'The Pathway' our new quarterly newsletter which aims to update you on all things relating to adult malnutrition in the community including new tools, guidance and reports, recent events and local activities.

In 2011 a multi-professional group made up of a GP, nurse, pharmacists and dietitians came together to investigate the possibility of developing practical guidance on tackling the growing issue of malnutrition in the community to improve overall patient care.

In 2012 the guide 'Managing Adult Malnutrition in the Community' was launched and since its introduction we have developed a number of resources to complement the guide including patient resources, care plans and an app. The guide and supporting resources have been incorporated in a number of key malnutrition resources including the recently launched self-screening tool from BAPEN and the new NHS England guidance: Commissioning Excellent Nutrition and Hydration – details of these resources can be found later on in this newsletter.

The supporting website www.malnutritionpathway.co.uk has now been visited by over 30,000 people – 95% of whom are professionals (including dietitians, nurses, GPs, pharmacists and speech and language therapists) and 5% patients and carers - and it continues to go from strength to strength. If you haven't been on line recently I encourage you to visit the site as we have recently made a number of updates including developing sections for specific professionals and disease areas – our aim is to develop these sections over the coming months and to become a portal for information on community malnutrition. We would be delighted to hear from you if you have any relevant activities or resources you would like to share – see page 3 for information on some innovative work that has been going on in Salford to assist in identifying those at risk of malnutrition.

I hope you find this first edition of our newsletter informative and that you will be motivated into sharing activities you are involved in and to feedback back to us on materials and activities you would like us to get involved in in the future.



Thank you for reading

Anne Holdoway

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

Report identifies potential savings of up to £229 million through implementing appropriate high quality pathways of nutritional care

'**The cost of malnutrition in England and potential cost savings from nutritional interventions**' is a new report published by the National Institute for Health Research Southampton Biomedical Research Centre (NIHR Southampton BRC) and the British Association for Parenteral and Enteral Nutrition (BAPEN) which estimates savings of between £172 and £229 million per annum could be made to health and social care through full implementation of appropriate high quality pathways of nutritional care, as recommended by the National Institute for Health and Care Excellence (NICE), for various groups of malnourished adults.

The report estimates the cost of malnutrition in both adults and children in England in 2011-12 was £19.6 billion and says this is only set to increase with an ageing population and the rising cost of health and social care. See www.bapen.org.uk/pdfs/economic-report-full.pdf for a full copy.



"Malnutrition is a burden to a wide range of care services operating in multiple settings," says Marinos Elia, Professor of Clinical Nutrition and Metabolism at the University of Southampton and BAPEN Malnutrition Action Group and lead author of the report: "It is found on every ward, in every speciality, and in every type of care home. It detrimentally affects the function of all body tissues, predisposing to disease, as well as increasing complications after an injury, and delaying recovery from an illness. It also makes day-to-day activities more difficult to complete, and increases the likelihood of dependency, especially in the elderly. That is why it costs so much. We need to ensure a systematic approach to identifying and treating it so we not only improve the health and wellbeing of

those at risk of malnutrition, but make economic savings too."

Malnourished adults account for about 30 per cent of hospital admissions and this combined with prolonged length of hospital stay, 35 per cent of care home admissions, 15 per cent of outpatient clinic attendances and 10 per cent of those presenting at their GP means that the overall the cost of treating a malnourished patient is two to three times more than treating a non-malnourished patient.

"We recognise that there is some cost attached to more screening, more care plans and more nutritional support," says Marinos Elia, "but these interventions will ultimately produce a net saving even after initial costs are considered. It is necessary to invest some resource before the financial benefits can be reaped. Coordinated use of malnutrition guidance within and between health and social care settings will maximise both clinical and economic benefits."

Commenting on the launch of the new report Jane Cummings, Chief Nursing Officer for England said: "I would also encourage NHS commissioners to use the information within this report to support the implementation of the recently-published 'Commissioning Excellent Nutrition and Hydration guidance' (see article below for more information).

New NHS England Guidance: Commissioning excellent nutrition & hydration 2015-2018

NHS England has published **new guidance** to help ensure patients receive excellent nutrition and hydration care. The guidance has been produced to address the issues raised within 'Hard Truths' and the Francis Report; and to address the concerns of patients, carers and the public with regard to malnutrition and dehydration.

The new guidance draws together the most up-to-date evidence based resources and research to support commissioners to develop strategies to help ensure excellent nutrition and hydration care in acute services and the community and includes several references to the **malnutrition pathway website**.

It also outlines why commissioners should make this issue a priority – how to tackle the problem, how to assess the impact of commissioned services and highlighting the good work which is already underway.

"There are countless reasons why we need to take nutrition

and hydration issues seriously. People, particularly older people who are malnourished and dehydrated are more likely to become ill, will take longer to recover from surgery and illness and have longer stays in hospital," says Dianne Jeffrey, Chair of the Malnutrition Task Force and Chairman of Age UK. "Yet despite these compelling reasons to take action, recent reports still show nutrition and hydration are not a top priority in many care settings."

"The aim of this new guidance is to raise awareness around the need for good nutrition and hydration and recognise we all have a role to play in improving the health and well-being of those in our care, says Jane Cummings, Chief Nursing Officer for England."

The guidance was developed in collaboration with NHS clinical commissioning groups, local authorities, patient groups, expert nutrition groups; representatives from the catering industry, the Care Quality Commission (CQC), NHS Trust Development Authority (TDA), the Department of Health, as well as people who use health care services and their carers.

Managing Adult Malnutrition in the Community

A SPOTLIGHT ON INFORMATION, HELP AND SUPPORT AVAILABLE FOR PATIENTS AND CARERS IN ENGLAND

A recent report from the Patients Association looks at what happens during the discharge process - a key part of the recovery phase - and makes recommendations for improvement. Key findings indicated that patients and families/carers are not always receiving the guidance or care they require in terms of nutrition and hydration and staff need better training and awareness about the need for this particularly GPs.

"Malnutrition in the UK is an issue that has received very little attention, with obesity being the main health concern around food. The Patients Association's report shows however that more than 3 million people are suffering from, or are at risk from malnutrition. This is a shockingly high number and this issue must be addressed," says Katherine Murphy, Chief Executive of the Patients Association. "There needs to be a combined effort to raise awareness of this problem, both with members of the public, and health and care workers. This means guidance must be supplied to families and carers, and the necessary training given to NHS staff. Correct nutrition is

absolutely vital to ensuring health and well-being. We will campaign for communication and knowledge to be improved on this issue, and through our All Party Parliamentary Group on Patient Safety look to improve patient safety in all areas."

Nutrition is integral to health and well-being and therefore there is a need for an integrated approach to care which includes nutrition, which is seamless, patient centred and well communicated - thus improving the patient and carer experience and clinical outcomes as a result. The importance of which is also reflected in the new NHS England 'Guidance: Commissioning Excellent Nutrition and Hydration'.

Local Initiatives

A simple piece of paper is helping to identify those at risk of malnutrition in Salford

An innovative project has been developed in Salford to assist health workers, carers and patients to identify malnutrition risk. "Salford Together" is an integrated care programme which includes Age UK Salford, Salford CCG, Salford City Council, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health Foundation Trust. It was one of the five national pilot sites in the Malnutrition Prevention Programme, which was established by the Department of Health in response to the Francis Report into the failings at the Mid Staffordshire Foundation Trust. The programme is overseen by the National Malnutrition Task Force: an independent group of experts across health, social care and local government united to assist the one million or so older people across the UK suffering – or at risk – from malnutrition.

Part of this project has involved the development of the 'Paperweight' band which works on the premise that if your upper arm measures less than 23.5cm it is likely that your Body Mass Index (BMI) is less than 20 kg/m² and hence you are at risk of malnutrition, a QR code links to the Age UK Salford website for dietary information.

Over 3,000 'Paperweight' bands have been handed out by health workers, carers and volunteers from Age UK Salford, along with advice on how to stay healthy. The 'Paperweight' band forms part of a comprehensive campaign to tackle malnutrition in Salford which has included:

- the development of an e-learning package for staff
- a comprehensive marketing campaign – including use of social media – using posters, leaflets, fridge magnets and targeted surveys on eating well in older life
- supported shopping trips that see dietitians, dietetic assistants, staff from Age UK Salford and Salford Together taking older people around local supermarkets and offering them advice on nutritious goods
- the production of diet sheets for use in hospitals and the community

Our approach is to work within the community, raising awareness of malnutrition, how to identify it and, importantly, its prevention" says Kirstine Farrer, Consultant Dietitian, Salford Royal NHS Foundation Trust. "We strongly believe that treating malnutrition is not something that is solely the domain of the medical profession. Rather we consider that education and prevention is everybody's business and we refuse to remain complacent in tackling this important issue."

For further information visit

<http://www.malnutritiontaskforce.org.uk/prevention-programme/salford/>

Other Age UK branches, AHSNs and CCGs across the UK are considering introducing the 'Paperweight' bands following the success of the Salford pilot project.

If you have a local initiative which is helping to identify and tackle malnutrition in your area which you think would be of interest to share with us please either submit your information via the website for your chance to win an educational award

<http://malnutritionpathway.co.uk/best-practice-enquiry>

or email details to:

hilary@franklincoms.co.uk

European Society for Clinical Nutritional and Metabolism (ESPEN) conference

The 37th ESPEN congress was held in Lisbon in September 2015. The theme of the 2015 conference was 'Healthy Life through Nutrition' which aimed to explore how good nutrition from early to later life stages may contribute to a healthier society in terms of both health and disease.

The conference consisted of a full scientific programme, educational symposiums and a display of over 600 posters.

One of the key areas highlighted throughout the conference was the importance of protein including type, quantity and the timing of provision of protein across all patients groups. The overarching message for patients relying on the oral feeding route was the importance of 20g of protein three times a day. The importance of protein in the evening before sleep was also highlighted as beneficial in the prevention of sarcopenia and the promotion of muscle anabolism. The key messages should stimulate professionals to consider the dietary advice we give particularly to those at nutritional risk, the ability for individuals to eat sufficient protein – for example one would have to eat 80 grams of chicken to achieve 20 grams protein. The importance of protein is also likely to influence our recommendations regarding oral nutritional supplements where several are now available with a high protein content. Presentations included:

- Dr MJ Allingstrup, Department of Intensive Care, Copenhagen University Hospital, who reviewed the provision of protein and energy in relation to measured requirements in intensive care patients. Her presentation discussed the findings that there is an average loss of around 20% of lean body mass (LBM) during a 10 day ICU admission and that patients with multi-organ failure lose more muscle mass more quickly and its degree is related to the number of organ failures. A higher provision of protein and amino acids has been associated with a lower mortality.
- Dr Nicolass Deutz, Director at the Centre for Transitional Research in Ageing and Longevity, Texas A&M University, USA, who presented the latest evidence on the importance of LBM and muscle in healthy ageing. The ageing process is associated with gradual and progressive loss of muscle mass along with lowered strength and physical endurance (sarcopenia). Regular aerobic and resistance exercise programs have been shown to counteract most aspects of sarcopenia. In addition, good nutrition, especially adequate protein and energy intake, can help limit and treat age-related declines in muscle mass, strength, and functional abilities. The timing of protein does not appear to matter in healthy subjects – as just more is better. The current recommendations

to treat sarcopenia are exercise programmes including weight bearing exercise and an increased protein intake with higher quality protein i.e. high biological value (HBV) protein. Key message - We need to encourage nutritional assessment of muscle mass in chronic disease^{1,2}.

With 1 in 3 people now being affected by cancer the nutritional care of cancer patients was another key area covered at the conference:

- Professor Ricardo Audisio, Consultant Surgical Oncologist and Honorary Professor at the University of Liverpool, outlined the large number of surgical complications that malnutrition can associate with and concluded that a comprehensive preoperative plan including nutritional assessment and intervention based on ONS plus physical exercise should be considered before bringing older cancer patients to a major surgical procedure.
- Professor Muscaritoli, Director, Clinical Nutrition Management Unit, Sapienza University, Italy, looked at 'Optimising cancer therapy' reviewing the importance of detecting nutritional disturbances and the need to assess the nutritional intake of the patient at an early stage of cancer. He pointed out that cancer is still often diagnosed in the advanced stages however so early nutritional assessment is difficult and that both enteral nutrition (EN) and parenteral nutrition (PN) during active treatments may play an essential role in filling nutritional gaps in such cases.

Another area of interest was work carried out by Professor Rainer Wirth, Head Physician, Department of Geriatrics, St Marien-Hospital Borken, Germany, looking at Nutrition Support in Acute Stroke. Stroke is now the third leading cause of death in the world with 1 in 3 dying in the first year. Dysphagia has been found to increase mortality by a 5-fold increase and can lead to aspiration³. Dysphagia and malnutrition are linked – it is 2.5 times more likely that the patient will be malnourished if he/she has dysphagia. Ageing already results in a 1% loss of muscle mass per year and this is increased to 5% in stroke patients even if they can walk. An 80% reduction of death has been found if patients are tube fed on discharge⁴.

1. Deutz NE, Wolfe RR. Is there a maximal anabolic response to protein intake with a meal? *Clin Nutr* 2013;32(2):309-13.
2. Deutz et al. Effect of beta-hydroxy-beta-methylbutyrate (HMB) on lean body mass during 10 days of bed rest in older adults. *Clin Nutr* 2013; 32(5):704-12.
3. Wirth et al. Guideline clinical nutrition in patients with stroke. *Experimental & Translational Stroke Medicine* 2013; 5:14
4. Gandolfi et al. Improving post-stroke dysphagia outcomes through a standardized and multidisciplinary protocol: an exploratory cohort study. *Dysphagia* 2014 Dec; 29(6):704-12.

Updated website

The www.malnutritionpathway.co.uk website has been redeveloped with a new design, and updated to incorporate improvements, including specific sections for dietitians, GPs, nurses, pharmacists, speech and language therapists, patients and carers.

The website also includes a section on resources that have been developed for patients who are malnourished or at risk of malnutrition and have specific common conditions. The site is now much easier to navigate with all resources now in one section for easy access. Professionals can sign up for free to receive regular updates via email.

Since its launch in June 2012 the website has been visited by over 30,000 people – 95% of whom are healthcare professionals and 5% patients and carers.

A number of new resources are currently being developed and will be incorporated into the site during 2016, these include information specifically for COPD patients, a discharge pack to facilitate continuity of nutritional care in the community and information on nutrition and dysphagia for patients and healthcare professionals.

Share best practice or testimonial and win an award

The malnutrition pathway website is encouraging professionals to sign up for regular free updates and to share testimonials and best practice via the site with the opportunity to receive a £500 educational grant if the information they submit is featured on the site.

A recent winner of the award is the Nutrition Support Community Dietetics Team at the 5 Boroughs Partnership NHS Foundation Trust in North West England which utilised the malnutrition pathway materials as part of their 'Nutrition Link Programme'.

"We utilised some of the malnutrition pathway materials as tools to support implementation of a nutrition training programme in care homes and hospitals, it was great to have materials available that could assist us in this activity and the website has been an excellent resource to direct other professionals to for more information on malnutrition. In addition some of our nursing homes frequently utilise the percentage weight loss calculator when they are calculating 'MUST' scores," says Shauna Clarke, Specialist Community Dietitian at 5 Boroughs Partnership NHS Foundation Trust.

"I decided to enter the project we had undertaken to the sharing best practice awards, it was really simple to enter and great to win

Managing Adult Malnutrition in the Community
Including a pathway for the appropriate use of oral nutritional supplements (ONS)

REGISTER FOR UPDATES

Home Malnutrition Management Resources Healthcare Professionals

Managing Adult Malnutrition in the Community is a practical guide and pathway to assist community healthcare professionals in identifying and managing the 3 million people in the UK at risk of disease-related malnutrition. It has been developed by a multi-professional team and is supported/endorsed by ten key organisations.

DOWNLOAD FULL DOCUMENT

Managing Malnutrition According to Risk Category using 'MUST'

The 'Malnutrition Universal Screening Tool' (MUST) is a simple validated 5 step nutrition screening tool to identify malnutrition risk. Where use of a screening tool is not possible or practical, clinical judgement may be used. Actions to manage malnutrition should be linked to the degree of malnutrition risk.

VIEW INFO DOWNLOAD

Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

Where individuals require (or already have) a prescription of ONS, this pathway will guide you in setting goals, deciding on dose and duration of ONS, how and when to monitor progress and when to discontinue prescription.

VIEW INFO DOWNLOAD

Specific Support for Common Conditions

A number of resources are available that have been developed to assist healthcare professionals supporting patients at risk of malnutrition as a result of a specific condition. These include:

COPD LUNG CANCER

PATIENT AND CARER RESOURCES

SURVEY

SHARE BEST PRACTICE OR TESTIMONIALS AND WIN AN AWARD

Access the 'Managing Adult Malnutrition in the Community' app for free here

DOWNLOAD APP

Survey

Help us to improve our resources by filling in our online survey

We would be really grateful if you could fill in our 5 minute on-line survey so we can understand more about how beneficial the Managing Adult Malnutrition in the Community document is in your practice and to get your opinions on the materials available on the website.

[CLICK HERE](#)

an educational award for the work we have done. I attended the 2015 BDA Vision conference with the award money we received, it was an excellent conference and very useful in helping the department to promote our services."

For further information on this project [click here](#).

Get in touch

Please visit the new and improved www.malnutritionpathway.co.uk for more news updates and malnutrition resources for both healthcare professionals, patients & carers.

If you would like to contribute to a future issue of The Pathway please email hilary@franklincoms.co.uk