

# THE Pathway

## MAKING MALNUTRITION MATTER

Summer 2022 | [malnutritionpathway.co.uk](http://malnutritionpathway.co.uk)

### 1 TEN YEARS OF TACKLING MALNUTRITION IN THE COMMUNITY

**The multi-disciplinary consensus panel which developed the Managing Adult Malnutrition in the Community document and pathway which was launched in June 2012 is this year celebrating its tenth anniversary.**

In 2011, as part of her doctoral studies, Anne Holdoway carried out a qualitative review of guidance on managing malnutrition available across the UK, identified through internet searches (n=84). The study reported on guides excessive in length, some with scant use of evidence to support the recommendations or advice, a lack of goal setting and monitoring, and an absence of outcome measures<sup>1</sup>. In the same year a survey amongst GPs across the UK<sup>2</sup> identified gaps in information on nutritional care and difficulties in accessing guidance. Respondents identified the need for easily accessible, evidence-based advice and a pathway to manage the use of oral nutritional supplements (ONS).

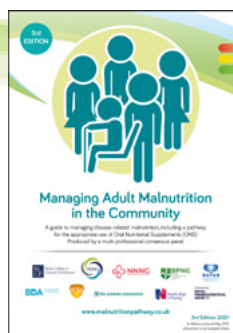
Both studies highlighted the need for succinct guidance on identifying and managing malnutrition which could be utilised by all professional groups involved in the care of at-risk individuals in the community. It was hoped that the guidance, developed through multidisciplinary collaboration on a national basis, could assist in raising the profile of the importance of identifying and treating malnutrition.

To facilitate the development of such materials funding was essential. We secured financial support from Nutricia through their award of an unrestricted educational grant.

To ensure that the materials developed had input from the range of health care professionals who we anticipated using the guidance, we sought to involve a variety of professionals to represent the views and experiences of the multi-disciplinary team (MDT) likely to be involved in the care of malnourished patients in the community. Involving members of the wider healthcare team beyond dietitians, was considered key to gain insights into perceptions of the role of nutrition and help facilitate action by non-nutrition experts to improve nutritional care. Engaging with the professional organisations that represented a range of professionals, sought to ensure that the resultant guidance was more likely to be acceptable to the variety of professionals involved in delivering care in practice.

The 2012 document panel included a dietitian, a GP, a nurse, two pharmacists and a senior research fellow representing their relevant

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### NOTE FROM THE EDITOR

Welcome to our tenth anniversary issue! I can hardly believe that ten years have passed since we launched the first edition of the 'Managing Adult Malnutrition in the Community' document. Over the last decade I've had the pleasure of working with a host of truly inspiring professionals from across the multi-disciplinary team. All involved have been dedicated to the cause of raising awareness of disease-related malnutrition and developing easy to access resources to assist members of the health care team in identifying and treating malnutrition in a timely manner.

Ten years seemed a poignant time to reflect on our activities and outputs hence the content of this edition of the Pathway newsletter captures some of the highlights and key milestones achieved.

At the outset I never expected the pathway and resources to have such a significant reach but having witnessed consistent year on year growth it was no surprise to hear that visits to [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) recently peaked at a quarter of a million. It's been fabulous to see the materials become widely available across the UK via local NHS websites but also rewarding to observe them being accessed by professionals and patients from 150 countries. In the past year we have collaborated with professionals across the world to enable adoption of the materials in their countries, examples include: translation of the COVID-19 materials into Portuguese for use in Brazil, through collaboration with the São Paulo State University Brazil and the Brazilian Society for Food and Nutrition; the COPD materials formed part of the International Pharmaceutical Federations Nutrition and Weight Management Service guidance for Pharmacists across the world and we are currently working with the Swansea Bay Health Board to translate some of the Managing Adult Malnutrition in the Community patient materials into Welsh.

The driving force behind the development of the Managing Adult Malnutrition in the Community pathway and resources was fuelled by the desire to transfer knowledge and skills and provide tools and resources to empower members of the healthcare team to look for malnutrition, especially in those at risk, and enable early action to be taken to improve health care outcomes and manage costs. It has been hugely rewarding to observe 10 years on, that the updated resources remain valued and relevant as when they were initially launched. They continue to help health and social care teams provide nutritional care and advice to some of our most vulnerable individuals. Whilst I hope that you find the story of the development of our resources within these pages both informative and inspiring, I would also like to invite all who read this, to let us know of your own success stories so that we can promote them on your behalf, share with others, and help shape the nutritional care of the future.



**Dr Anne Holdoway** DHealth BSc RD FBDA  
Registered Dietitian and Chair of the  
'Managing Adult Malnutrition in the Community' panel

# 1 Managing Adult Malnutrition in the Community 2012-2022

**2012** www.malnutritionpathway.co.uk

**2013** NICE endorsement

**2014** Guidelines

**2015** Nutrition Care Plan

**2016** Improving your nutrition in COVID

**2017** Patient Association Nutrition Checklist

**2018** Pilot projects to Develop and Evaluate the Patients Association Nutrition Checklist

**2019** Dysphagia, Falls/Fracture

**2020** WHY GOOD NUTRITIONAL CARE IS IMPORTANT DURING AND AFTER COVID-19 ILLNESS

**2021** Sarcopenia: loss of muscle mass

**2022** Managing adult malnutrition in the community (mobile app)



## TEN YEARS OF TACKLING MALNUTRITION IN THE COMMUNITY

associations: the British Dietetic Association (BDA), the Royal College of General Practitioners (RCGP), the Royal College of Nursing (RCN), the British Pharmaceutical Nutrition Group (BPNG), the Pharmaceutical Services Negotiating Committee (PSNC) and the British Association for Parenteral and Enteral Nutrition (BAPEN). Once the content of the resources was agreed, endorsement for the document was obtained from the panel members' respective associations along with four other associations – the National Nurses Nutrition Group (NNG), the Primary Care Pharmacists Association (PCPA), the Royal Pharmaceutical Society (RPS) and the Primary Care Society for Gastroenterology (PCSG). We believe the endorsements act as a hallmark to reflect the robust and credible content.

Since 2012 the document has undergone two updates to ensure the guidance continues to reflect the latest evidence and best practice. Each iteration has involved representatives from the multi-disciplinary team and representatives from key associations. Reflecting the credible content, the document continues to be endorsed by BAPEN, BDA, BPNG, NNG, PCPA, PCSG, RCGP, RCN, RPS and was recently endorsed by the Patients Association. In addition, a NICE endorsement statement has been obtained:

### NICE Endorsement statement:

*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

In all iterations the panel members have reviewed the latest evidence, reflected on clinical practice and discussed strategies to optimise accessibility to continue to create practical and meaningful guidance. The 2021 edition of the document included panel members from across the MDT: two nurses, three dietitians, a GP and two pharmacists and was reviewed by a PCN Clinical Director. Each update seeks to enhance the content and draw on new knowledge from the wider community, to support and continuously improve the management of disease-related malnutrition

### Expansion of resources

During the past ten years feedback from healthcare professionals has led to the creation of materials dedicated to specific clinical concerns including COPD, COVID-19, cancer, dysphagia, falls and sarcopenia.

Patient involvement has helped to create downloadable patient information sheets to support healthcare professionals (HCPs) deliver appropriate nutritional advice and we now have 20

information sheets available for patients and carers to download. These leaflets include advice on healthy eating, fortifying foods, practical tips for using oral nutritional supplements (ONS) and increasing dietary protein, as well as tips to help professionals support patient and families in dealing with common nutrition impact symptoms that can interfere with food intake such as swallowing issues, reduced appetite and altered bowel habit.

We have also developed specific sections on the website for Dietitians, Nurses, GPs, Pharmacists, Speech and Language Therapists and Care Home Personnel. All materials are free to download on the [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) website.

The graphic (left) outlines a timeline of our activities, detailing out how we have expanded our resources over the past 10 years.

### Implementation Studies

We ultimately recognise that guidance can only be effective if it is adopted, embedded, and acted on. It has therefore been pleasing to hear about the adoption of the malnutrition pathway in practice including two pilot implementation studies which we summarise for you here.

The first study was carried out across five GP surgeries in Gloucestershire<sup>3</sup>. A total of 163 older adults (aged 80 years ±9 years) with a range of primary diagnoses, living in their own homes, were screened for malnutrition using 'MUST'. Patients were then managed according to their malnutrition risk; those at low-risk were given no further management, those at medium risk were given dietary advice and those at high risk were given dietary advice plus two ready to drink, low volume, high-protein ONS. Data regarding use of healthcare services 6 months before and 6 months after implementation of the pathway was collected from GP records and a cost analysis completed.

The results showed that the costs of managing malnutrition (healthcare professional time and ONS prescriptions) after screening, were more than offset by

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**Figure 1: Some of the consequences of loss of muscle mass**

- Breathing problems** - muscle loss can cause additional complications in those with breathing problems e.g. COPD<sup>10</sup>
- Heart health** - the heart is a muscle and muscle loss can therefore impact on cardiovascular health. Sarcopenia can be both a cause, and a consequence, of heart failure<sup>11</sup>
- Decreased metabolic rate** - muscle burns more energy than fat while at rest therefore the amount of lean muscle will affect metabolic rate - reduced lean muscle, and in turn metabolic rate, can further exacerbate sarcopenic obesity<sup>12</sup>
- Insulin resistance** - muscles use blood glucose for fuel and therefore reduced muscle mass may increase the risk of insulin resistance<sup>13</sup>
- Mobility** - loss of muscle mass reduces strength and results in loss of independence and falls. Falls and fractures are the leading cause of injury amongst older adults<sup>14</sup>
- People with low muscle mass are prone to increased infections and pressure ulcers<sup>15</sup>**. This can also affect their ability to withstand physically demanding treatments such as chemotherapy<sup>16</sup>

**Sarcopenia: loss of muscle mass**  
A HEALTHCARE PROFESSIONAL FACT SHEET

There is increasing evidence on the importance of preserving muscle mass in the population as a whole as age or live with a long-term condition<sup>1</sup>. The European Working Group on Sarcopenia in Older People has called for healthcare professionals who treat patients at risk for sarcopenia to take actions that will prevent early detection and treatment<sup>2</sup>.

This document has been created to provide health and social care professionals with the latest evidence on the prevalence and consequences of sarcopenia, and to provide a practical advice on diagnosis and treatment of patients according to their current malnutrition status.

**Sarcopenia and Malnutrition - definitions, prevention, causes and interrelationship**

**Table 1 - Definitions**

Definition	Notes
<b>Sarcopenia</b> - muscle mass loss	A state of reduced muscle mass, strength and power (or both) that is associated with a low level of physical performance and is not due to a reduction in physical activity or other causes.
<b>Malnutrition</b> - low energy intake	A state of reduced energy intake that is associated with a low level of physical performance and is not due to a reduction in physical activity or other causes.



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the savings associated with reductions in healthcare use from identifying malnutrition early with a 49% reduction in the number of hospital admissions, 48% reduction in hospital length of stay, 30% reduction in the number of antibiotic prescriptions and 21% reduction in the number of GP visits. The greatest potential savings were achieved in the high-risk group where savings of up to £997.02 per patient over 6 months were calculated. 97% of patients reported being satisfied with the dietary advice, 96% were satisfied with the oral nutritional supplements and 90% were found to adhere to their prescription.

The second study, carried out in Swindon, involved the implementation of the Managing Malnutrition in the COPD guidelines<sup>4</sup>. 19 patients with COPD were identified as being at high risk of malnutrition and were initiated on the pathway, receiving dietary advice plus low-volume, high-protein oral nutritional supplements. Patient follow-up was carried out at 6-weeks and 12-weeks.

The study showed that implementation of the COPD pathway led to a significant reduction in malnutrition risk, clinical improvement in COPD and better health ratings. Total healthcare use by patients decreased, with a 50% reduction in hospital admissions and a 20% reduction in GP visits. Patient satisfaction and compliance to nutritional treatment rates were high, at 96% and 90% respectively.

Although pilots, these initial implementation studies have demonstrated how clinically appropriate management of malnutrition can significantly reduce healthcare service use, reduce costs, and improve outcomes for patients at high risk of malnutrition.

### References

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2. Ashman K et al. Are the NICE clinical guidelines for nutrition support implemented in GP practices? *CN Focus* 2011; 3(4):16
3. Brown F et al Economic impact of implementing malnutrition screening and nutritional management in older adults in general practice. *J Nutr Health Aging* 2020; 24(3):305–311
4. Cawood A et al Local implementation of a pathway to manage malnourished COPD patients in the community. *Eur Respir J* 2017; 50 (suppl 61): PA1609

## UPDATE ON ACTIVITIES RELATING TO MALNUTRITION

### NEW ONLINE RESOURCE TO ASSIST HEALTHCARE PROFESSIONALS IN OPTIMISING THE NUTRITIONAL CARE OF PATIENTS WITH CANCER

Earlier this year the Malnutrition Pathway launched a new online resource focusing on optimising the nutritional care of patients with cancer ([www.malnutritionpathway.co.uk/cancer](http://www.malnutritionpathway.co.uk/cancer)). Developed in conjunction with Mhairi Donald, Consultant Oncology Dietitian and Dr Anne Holdaway, Consultant Dietitian, the resource aims to enable health and care professionals to recognise nutritional issues and provide first line advice supported by downloadable patient fact sheets. It has been developed in response to a growing desire amongst patients and carers for information on diet and nutrition in cancer<sup>1,2</sup> and includes specific information on dealing with common nutrition impact symptoms.

The new resource outlines the impact of malnutrition in cancer, advises on nutrition screening and assessment and gives advice for both healthcare professionals and patients on ways to adjust the diet to prevent or manage common nutrition impact symptoms. It also includes information on diet in the prehabilitation phase prior to treatment, top line information on nutrition support and diet therapy, the use of oral nutritional supplements when indicated, and includes a summarised step by step guide.

Nutrition is considered highly important by cancer patients across their trajectory of care, from the period of diagnosis through treatment and beyond into survivorship and in palliation. Many patients will experience diet-related issues throughout the journey which can persist well beyond the treatment phase<sup>1</sup>. These issues not only contribute to the development of malnutrition but create distress and add to existing anxieties. In addition, disease-related malnutrition, cachexia and sarcopenia (loss of muscle) result in poorer outcomes and increased mortality, hence where possible should be prevented, identified and treated<sup>5</sup>.

An estimated 1 in 3 patients with cancer attending out-patients are at nutritional risk<sup>4</sup> and up to 83% of patients experience malnutrition during the course of their disease depending on the type of cancer, treatment and nutritional assessment method used<sup>5-8</sup>.

### Managing Adult Malnutrition

Including a pathway for the appropriate use of oral nutritional supplements (ONS)



#### Optimising Nutritional Care in Cancer

GO TO INTRODUCTION

- WHAT IS MALNUTRITION, SARCOPENIA, CACHEXIA AND WHY IS THIS AN ISSUE IN CANCER?
- IMPACT OF MALNUTRITION IN CANCER
- NUTRITIONAL SCREENING AND ASSESSMENT
- SUPPORTING PATIENTS AND FAMILIES TO DEAL WITH DIET-RELATED ISSUES
- NUTRITION IMPACT SYMPTOMS & THEIR MANAGEMENT
- AIMS OF NUTRITION SUPPORT AND DIET THERAPY
- STEP BY STEP GUIDE
- REFERENCES

#### Resources

A selection of publications for use by healthcare professionals, patients and carers are available in the resources section of the website.

FOLLOW THE PATHWAY ON TWITTER!

we are #Tackling Malnutrition improving clinical outcomes reducing health care usage

FOLLOW US ON TWITTER!

NEWS UPDATES: managing malnutrition

NEWS PAGE

THE PATHWAY NEWSLETTER contains items of interest and expert views

PATHWAY NEWSLETTER

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EXPERT VIDEO

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## Website visits and downloads: the Top Ten



The ten most downloaded pages in 2021

Since our launch in June 2012, we have had nearly a quarter of a million visits to our website from over 150 countries. In the past year alone the malnutrition pathway website has been visited by over 30,000 professionals, patients and carers. In addition, over 60,000 copies of the Managing Adult Malnutrition in the Community document and nearly 16,000 of the corresponding patient leaflets having been downloaded. Registrations for updates include all members of the community HCP team, patients and carers.



From enquiries received and use of materials at local NHS Trusts



The ten most downloaded patient/carer resources in 2021



The ten most downloaded professional resources in 2021

we have developed a heat map (left) of adoption of resources in the UK which has helped us to build knowledge of how the malnutrition pathway has helped healthcare professionals, patients and carers in practice.

Nutritional risk is associated with a number of common clinical issues (e.g. fatigue, anorexia, gastrointestinal symptoms, sore mouth). These issues are usually noted and recorded but importantly should act as an indicator for the healthcare team that further nutritional assessment may be warranted, triggering a referral for more detailed assessment by a dietitian or nutrition team<sup>4</sup>.

“Nutritional issues and poor nutritional status can result from the local effects of the cancer itself, the metabolic response to the cancer, and the treatments used such as chemotherapy, radiotherapy, immunotherapy and surgery” says Mhairi Donald, Consultant Oncology Dietitian. ‘All of these can have immediate short-term effects, as well as longer-term effects, limiting the ability to eat and drink. It is therefore important that we seek to optimise the nutritional status of patients at diagnosis, during prehabilitation, treatment and rehabilitation.’

“Timely nutritional interventions can improve nutritional status, body composition, function, symptoms, quality of life, the patient experience and ultimately survival. Despite this the provision of appropriate nutritional care can be delayed, and in some cases overlooked, adding

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# OPTIMISING THE NUTRITIONAL CARE OF PATIENTS WITH CANCER

diet-related anxiety to anxieties that already exist amongst patients and their families” says Dr Anne Holdoway, Chair of the Malnutrition Pathway panel. “The new resources developed by the Malnutrition Pathway aim to support healthcare professionals in identifying the common symptoms and issues interfering with the ability to eat and drink amongst those living with cancer, provide patients with appropriate advice to alleviate the issues and ultimately enhance the overall patient experience and improve clinical outcomes.”

“There are many reasons why a head and neck cancer patient is likely to experience malnourishment. Prior to treatment a patient may simply not eat enough due to a physical obstruction, or pain caused from an untreated tumour” says Michelle Vickers, CEO of the Head & Neck Cancer Foundation. “Post-operatively, patients may suffer from issues with oral pain, discomfort, mechanical function and dry mouth. Malnutrition can therefore develop as a direct result from the physical impacts of surgery and ongoing oncology treatment. This often becomes a problem and affects chewing, swallowing, saliva production and taste.

We fully support this valuable piece of work as it will help our patients cope in this vital area. A common concern for patients, family and friends in our support group is food and drink. What to cook, how to eat it, how to enjoy it and how to get the best from it. The ability to eat properly and the importance of a nourishing diet are certainly taken for granted.”

## OPTIMISING THE NUTRITIONAL CARE OF PATIENTS WITH CANCER: FREE RESOURCES NOW AVAILABLE

The ‘Optimising Nutritional Care in Cancer’ web resource and ten complementary patient information sheets providing top tips on managing nutrition impact symptoms are available free: follow the links below.

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# CONFERENCES AND EVENTS



## PRIMARY CARE SOCIETY FOR GASTROENTEROLOGY (PCSG) ANNUAL SCIENTIFIC MEETING, LONDON, 26 NOVEMBER 2021 MANAGING MALNUTRITION IN ELDERLY PATIENTS IN THE COMMUNITY

Dr Anne Holdoway, Consultant Dietitian was invited to speak about malnutrition in elderly patients at the recent PCSG Annual Scientific meeting. She used case-based discussions to explore how nutritional issues arising in elderly patients can contribute to malnutrition, sarcopenia and frailty and how these may be further compounded by gastrointestinal issues. Her session focused on the identification of nutrition-related issues, potential treatment options including bespoke dietary advice, the role of the dietitian within the multidisciplinary team and the timely use of medical nutrition, all of which can combine to influence the patient experience and clinical outcomes.



## PRIMARY CARE PHARMACISTS ASSOCIATION (PCPA) WEBINAR, 5 MAY 2022 AN MDT APPROACH TO MANAGING THE NUTRITIONAL NEEDS OF FRAIL OLDER PEOPLE IN PRIMARY CARE AND THE COMMUNITY

In early May, Lelly Oboh, Consultant Pharmacist, Care of Older People from Guy's and St Thomas' NHS Foundation Trust, was joined by Louise Nash, Frailty and Home Enteral Feeding Dietitian from Airedale NHS Foundation Trust, to present a webinar to PCPA members focusing on malnutrition and frailty. Lelly and Louise outlined strategies for identifying and managing malnutrition in frailty in community settings and the role of the Pharmacist within the multidisciplinary team in assessing the nutritional needs of patients. The webinar focused on a case based example. A copy of the webinar can be viewed at <https://pcpa.org.uk/open-access-resources.html>

## PCPA PODCAST

We have been working with the PCPA to develop another podcast in their series, focusing on nutritional support in care homes. In this podcast, Dr Graham Stretch, PCPA chair, Adeline Suek Teng Low, PCN Clinical Care Home Pharmacist, and Charlene Giovanelli-Nicolson, PCN Dietitian, discuss the nutritional issues experienced by residents in care homes. The podcast is available on the PCPA website (<https://pcpa.co/NutritionCHPod>).

## UK MALNUTRITION AWARENESS WEEK – 10-16 OCTOBER 2022

The UK Malnutrition Awareness Week (UKMAW) will run from 10th to 16th October 2022. Now in its 5th year the awareness week 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. You can send photos, blogs and anything that you would like to share to [enquiries@malnutritiontaskforce.org.uk](mailto:enquiries@malnutritiontaskforce.org.uk) Don't forget there are lots of free resources on the Malnutrition Pathway website ([www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)) that you can download to use as part of any activities you are planning during this week.

## BAPEN CONFERENCE – BRIGHTON – 29-30 NOVEMBER 2022

This year's BAPEN conference will take place at the Hilton Brighton Metropole on Tuesday 29th and Wednesday 30th November 2022. The Malnutrition Pathway will be exhibiting at the conference so do come along to say hello if you are attending and to pick up some copies of our resources. You can find out more along with details of how to register at <https://www.bapen.org.uk/resources-and-education/meetings/annual-conference>