



Oral nutritional supplement prescriptions

A HEALTHCARE PROFESSIONAL FACT SHEET

Oral Nutritional Supplements (ONS) provide additional nutrients (calories, protein, vitamins and minerals) to meet nutritional requirements or exceed requirements to help replete lost weight. For patients who are malnourished or identified as high risk, ONS have been shown to be both clinically and cost effective¹⁻³.

It is recommended a prescription for ONS should be considered if a patient is deemed to¹⁴:

- be at high risk of malnutrition ('MUST' score of 2 or more, or >5% recent loss in body weight and a low BMI (< 20kg/m²).
- unlikely to meet their nutritional requirements
- or has tried a food first approach without meeting desired outcomes (e.g. weight loss has continued)

A pathway for using oral nutritional supplements (ONS) in the management of malnutrition for those at high risk can be found at www.malnutritionpathway.co.uk/library/ons_pathway.pdf

Even when an ONS is prescribed, maximising intake from diet remains important and should be part of the treatment plan. ONS prescriptions should be clinically appropriate, meet the Advisory Committee on Borderline Substances criteria (<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>) and be linked to goals.

Goals of nutritional therapy should be individualised and agreed in consultation with the individual, examples include:

- o weight maintenance/weight gain
- o muscle gain, improved strength
- o reduce risk of falls
- o reduced infections
- o improved mobility/ability to undertake activities of daily living
- o optimal recovery or healing (e.g., from surgery or pressure ulcers)

ONS are available in a range of flavours, formats, styles and volumes to cater for individual preferences and needs. Adherence to the recommended treatment can be influenced by a range of factors including:

- o dexterity, physical function and/or balance; whether the dietary advice given is practical and feasible, whether they can store the ONS, shop for milk to make up a powdered product or have appropriate storage space. Ready to use formats of ONS may be better suited to some individuals e.g. frail elderly, COPD⁵.
- o ability to manage the volume of ONS or nourishing drinks - for an individual with a poor appetite, a low volume (compact) product may enable them to consume the extra nutrition required allowing room for them to take other fluids from favourite drinks such as tea, coffee, juice to remain hydrated
- o personal taste: ensuring patients are prescribed flavours or formats that suit their individual tastes and that they are supported to use their prescription in a way that suits them best may aid adherence - e.g. split the dose and take as small shots in between meals, or incorporate them into drinks or dessert recipes
- o texture: patients with impaired swallow may require pre-thickened ONS - seek advice from a Speech and Language Therapist or Dietitian

Information on the range of ONS available and their suitability for different patient groups can be found at <https://www.malnutritionpathway.co.uk/library/ons.pdf>

It is important patients understand:

- why their nutrition is important, why dietary advice and an ONS is being recommended
- what the treatment goal is and why a specific product is being recommended. Including the goal of treatment on the prescription information provides an opportunity to re-iterate the importance of the ONS when dispensing
- why it is important to take the prescribed dosage, i.e. one drink twice a day
- the best time of day to take the ONS so that consumption is not interfering with normal meals - some people find it easiest to take them first thing, some between breakfast/lunch, lunch/dinner and some like to take them in the evening after dinner/before bed

A patient leaflet to assist on understanding why ONS are being prescribed, as well as how to take and store them is available: https://www.malnutritionpathway.co.uk/library/leaflet_red.pdf

NB: *Failing to identify and treat disease-related malnutrition bears significant costs in health and social care through the additional care required by those affected. Integrating screening, assessment and management of malnutrition into local care pathways (including those for long-term conditions), utilising the evidence base, and the expertise and leadership of dietitians, can confer significant benefits to the individuals affected including cost savings^{4, 6-8}. If a patient has been discharged from hospital on a named ONS, it is advisable to contact the prescriber before switching products to ascertain whether there were specific clinical reasons for the recommended product.*

References

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4. Holdaway A et al. *Managing Adult Malnutrition in the Community.* 3rd Edition 2021. United Kingdom www.malnutritionpathway.co.uk
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