

Four Steps to Managing Malnutrition including Unintentional Weight Loss

The process of managing disease related malnutrition can be broken down into four key steps:

- 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

1 Identification of Malnutrition: Nutrition Screening

Identify malnutrition by using a validated screening tool such as the 'Malnutrition Universal Screening Tool' ('MUST')² - see www.bapen.org.uk

When to screen

Opportunistically - on first contact within a new care setting e.g. upon registration with GP Practice, outpatient appointment, on admission to a hospital or care setting^{30,31} contact with Community/District Nurse, Practice/PCN Pharmacist structured medicine review (SMR) or Community Pharmacist, medicine use review (MUR), annual disease reviews, pre-operatively, specialist clinics for at risk groups (see page 3).

Upon clinical concern - examples include: unplanned weight loss, loose fitting clothes, appearing thin, fragile skin, poor wound healing, pressure ulcers, apathy, muscle wasting (sarcopenia, including in obese individuals), reduced physical function, frequent falls, recurrent infections, poor appetite, altered taste sensation, difficulty swallowing, altered bowel habit or gut function, prolonged intercurrent illness, during and after cancer treatment, chronic condition or surgery, deteriorating medical conditions or side effects to medicines.

Screening frequency

Once an individual has been highlighted as at risk of malnutrition, further assessment, treatment and repeat screening are recommended to evaluate improvement, deterioration and the need for further action³⁰ (see page 8). Frequency of screening will depend on the individual and their requirements, needs and treatment goals (see page 5) and should reflect local and national policy and guidance. Consider how nutrition screening and the Malnutrition Pathway resources, might be embedded into existing care pathways to trigger early action in conditions that pose a high risk of malnutrition e.g. COPD, frailty

2 Assessment: Identifying the Underlying Cause of Malnutrition

For all individuals who are malnourished, or at risk, it is important to consider the underlying cause to help identify the most appropriate nutritional care. Remember that some treatments and medications can have side effects which can impact on nutritional status, eating and drinking. Dietary advice leaflets to provide further ideas on managing the diet-related problems/symptoms may be available from local nutrition and dietetic departments. In some cases referral to relevant specialities may be required.

Identifying the causes and symptoms, which are interfering with the ability to eat and drink, and addressing those that can be reversed or modified should be an integral component of the treatment plan. Below are some examples of factors that can interfere with eating and drinking and some ideas on actions and dietary modifications that may help:

Examples of problems/symptoms	Considerations	
Early satiety, reduced appetite, feeling full after small amounts	Eating nutrient dense/nutritious foods, little and often, e.g. high calorie/energy, high protein foods	Consider if any medications are causing or aggravating symptoms and whether they can be stopped or if a new medication may help - seek advice from a Pharmacist
Dry mouth, sore mouth, fatigue, chewing difficulties	Soft, easy to chew, moist diet with added sauces. Consider if issues are caused by external factors e.g. poor dentition, oral thrush, and refer as appropriate	
Loss of taste, taste changes	Enhance taste with sauces, marinating, trying new foods, adding herbs, spices or zest	
Swallowing issues	Consider referral to a Speech and Language Therapist, however in the meantime refer to advice on managing dysphagia - www.malnutritionpathway.co.uk/dysphagia.pdf	
Altered bowel habit, vomiting	Check for causes e.g. disease itself, side effects of treatment, infection - seek further advice on treatment, consider referral to a Dietitian	
Pain	Identify cause, seek advice on management and suitable medication	
Anxiety, depression	Undernourishment can be a cause and/or a consequence of anxiety/depression. Consider referral to other services where appropriate	

NB: In all cases consider whether dietary modifications will be enough to improve dietary intake