3 Management of Disease Related Malnutrition

Management of malnutrition should be linked to the level of malnutrition risk (see page 8). In most cases malnutrition can be managed using dietary advice to optimise food intake with oral nutritional supplements (ONS) being used when food intake has been demonstrated to be insufficient, or when it is anticipated food alone will not meet nutritional requirements[32]. All patients at risk of malnutrition should have a care plan, where applicable this should link to their overall disease management pathway.

Consider a ***multidisciplinary team approach*** to determine the optimal nutritional strategy for the patient. The team may include:

GP	Occupational Therapist	Practice Pharmacist
Dietitian	Physiotherapist	Community Pharmacist
Nurse	Speech and Language Therapist	Social Prescriber

Identifying Treatment Goals

Agreeing realistic goals intervention with the patient and carers, should be an integral component of management. When setting goals it is important to consider disease stage and treatment. The table below outlines some examples of goals to consider in a range of medical conditions:

Goals to consider	Examples by medical condition
Optimise recovery, promote healing	Pressure ulcer treatment and post-surgery/discharge
Optimise response and tolerance to treatment	Patients with cancer
Improve mobility and reduce risk of falls	Frailty in older people
Prevent further weight loss and preserve function	Palliative care
Improve strength/increase muscle mass	Patients with sarcopenia or sarcopenic obesity
Increase nutritional status and promote weight gain	Any patient with disease related appetite and eating difficulties
Improve quality of life or ability to undertake activities of daily living	Frailty, rehabilitation
Reduce infections, recurrence or exacerbation of a chronic condition	COPD
Reduce severity of disease	IBD
Improve/restore function	Post stroke, post ICU
Slow deterioration in physical and mental function	MND
Reduce hospital admissions and length of stay	Applicable to a range of conditions

Optimising Nutritional Intake

Oral nutritional support can comprise some or all of the following: fortifying food and fluids with protein, carbohydrate and/or fat, plus minerals and vitamins; the use of snacks, nourishing drinks and/or oral nutritional supplements in addition to regular meals; changing meal patterns; practical measures such as assistance with eating, shopping (physical and financial) and preparation of food; texture modification[30]. The intervention and goals should be determined through a thorough assessment and an understanding of what is feasible, acceptable and practical to the patient and carers.

When **determining the intervention** it is important to note that the disease itself along with associated treatments (including medications), can cause physiological changes that suppress appetite, reduce the desire to eat, trigger early satiety (a feeling of fullness after a small amount of food), affect taste and alter metabolism which in turn alters body composition (such as muscle mass). These effects may limit the effectiveness of a food-only approach and the use of ONS may need to be considered earlier in management pathway to avoid unnecessary deterioration and to minimise any loss of muscle and function that at a later time may be irreversible. Taking into account the trajectory of the disease i.e. is it curative or palliative to guide how assertive the intervention should be and manage patient and carer expectations of what can be achieved[33].

Dietary advice to optimise nutritional intake

- Encourage small, frequent meals and snacks with a focus on nutrient rich foods and drinks
- Care should be taken when using food fortification to ensure that requirements for all nutrients including protein and micronutrients are met[30]. Consider a multivitamin and mineral supplement
- Advise on the following to increase energy and protein content without increasing volume of food consumed e.g.:
  - adjusting portions at a meal to increase intake of nutrient dense foods
  - choosing higher rather than lower calorie foods, fortifying milk with milk powder aiming to increase energy and protein content without increasing volume of food consumed
- Dietary restrictions e.g. low fat, low sugar previously advised upon to manage co-morbidities may need to be relaxed to increase the energy (Calorie) content of the diet particularly when appetite is poor
- Provide patients and carers with the yellow leaflet 'Your Guide to Making the Most of your Food' (www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf) Consider obtaining diet advice leaflets on common problems e.g. taste changes, from your local nutrition and dietetic team
- If in doubt about the suitability of dietary advice because the patient has a number of medical conditions that require dietary modification e.g. swallowing problems, diabetes, seek further advice from a Dietitian

In all patients, care should be taken to ensure advice on adequate hydration is given.