# Managing Malnutrition According to Risk Category using 'MUST'*[1] – Management Pathway

| BMI score | | Weight loss score | | Acute disease effect score |
|---|---|---|---|---|
| >20 kg/m² | Score 0 | Unplanned weight loss score in past 3-6 months | | *(unlikely to apply outside hospital)* If patient is acutely ill and there has been, or is likely to be, no nutritional intake for more than 5 days Score 2 |
| 18.5 – 20 kg/m² | Score 1 | <5% | Score 0 | |
| <18.5 kg/m² | Score 2 | 5 - <10% | Score 1 | |
| | | >10% | Score 2 | |

**Total score 0 - 6**

## Low risk - score 0 Routine Clinical Care

- Provide green leaflet ('Eating Well')
- Review/re-screen: Monthly in care homes. Annually in community
- Consider more frequent re-screening in high risk groups (see page 3 for list)
- Consider if patient would benefit from dietary advice and dietary counselling to improve health and well being particularly those with long-term conditions e.g. COPD, cancer, swallowing problems
- If BMI > 30 kg/m² (obese) treat according to local policy/national guidelines

(NB: weight reduction in older people with chronic disease needs to be balanced against potential risk of losing muscle)

## Explore and, where possible, address factors contributing to underlying cause of malnutrition Identify treatment goals

### Medium risk - score 1 Recommended Actions

- **Provide dietary advice** to maximise intake from food and drink[31], explaining the importance to the patient and family.
- Provide yellow leaflet 'Your Guide to Making the Most of Your Food' and 'Tips on overcoming eating & drinking difficulties' - malnutritionpathway.co.uk/leaflets-patients-and-carers
- Provide recipes for homemade nourishing drinks, or suggest commercially available nutritional drinks or powdered nutritional supplements (see p7) [31]
- Review progress / repeat screening after 1-3 months or sooner if the condition requires (e.g. cancer, acute exacerbations of IBD, COPD, very poor appetite)
- If improving continue until 'low risk'
- If deteriorating, consider treating as 'high risk'

### High risk - score 2 or more Recommended Actions

- **Provide dietary advice as 'medium risk'**
- Provide red leaflet 'Nutrition Drinks (known as oral nutritional supplements) - advice for patients and carers'
- **Consider prescribing** oral nutritional supplements (ONS) and monitor: See ONS pathway, p9. (Consider local formularies)
- On improvement, consider managing as 'medium risk'
- For complex cases requiring dietary counselling or where goals are not achieved, refer to Dietitian at the earliest opportunity

## If consultations are being undertaken remotely without physical measures (e.g. BMI, weight)[1]:

- **use patient reported values of current weight, height, and previous weight to calculate Step 1 and Step 2 of 'MUST' if available**
- **where it is not possible to obtain physical or self-reported measures of weight or height (measured or recalled) a range of subjective indicators can be used collectively to estimate malnutrition[1] (see below)**
- **patients can also be encouraged to self screen using malnutritionselfscreening.org**

## The following questions or the Patients Association checklist (bit.ly/3HFAY88) can assist in obtaining information to inform a clinical impression of malnutrition risk and help to determine the most appropriate intervention:

1. How is your appetite lately? How are you managing with your eating and drinking?
2. How would you describe your weight? What is a usual weight for you?
3. Do you feel like your weight has changed in the last few weeks or months?
4. How are your clothes and jewellery fitting? Do they feel like they fit differently to usual?

| Estimated risk of malnutrition | Indicators |
|---|---|
| **Unlikely to be at-risk (low)** | Weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake |
| **Possibly at-risk (medium)** | Unplanned weight loss as a result of disease/condition in previous 3-6 months, reduced appetite and/or ability to eat |
| **Likely to be at-risk (high)** | Significant unplanned weight loss in previous 3-6 months, reduced appetite/ abliity to eat/dietary intake and/or visibly very thin |

## For all individuals:

- Discuss when to seek help e.g. ongoing unplanned weight loss, changes to body shape, strength or appetite. Don't overlook individuals with a high BMI in whom malnutrition arising from impaired intake and weight loss may not be obvious e.g. post-surgery, cancer, COPD
- Ensure that care plans are communicated between care settings[30]
- Refer to other healthcare professionals (HCPs) if additional support is required (e.g. Dietitian, Physiotherapist, GP, Speech and Language Therapist)

*The 'Malnutrition Universal Screening Tool' ('MUST') is used here with the permission of BAPEN (British Association for Parenteral and Enteral Nutrition)