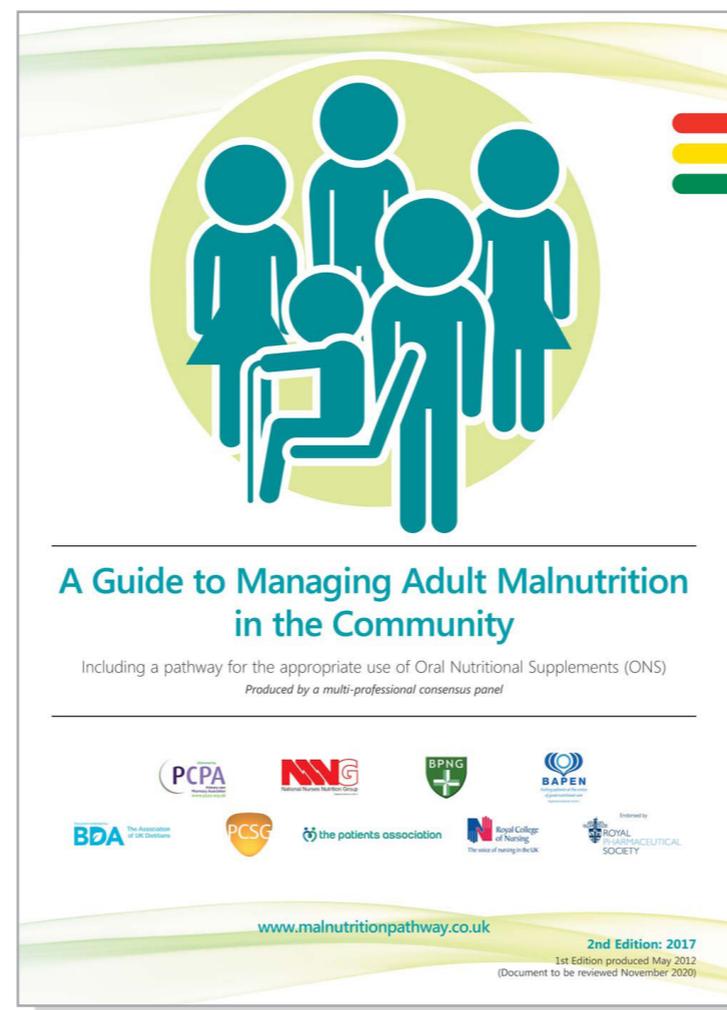


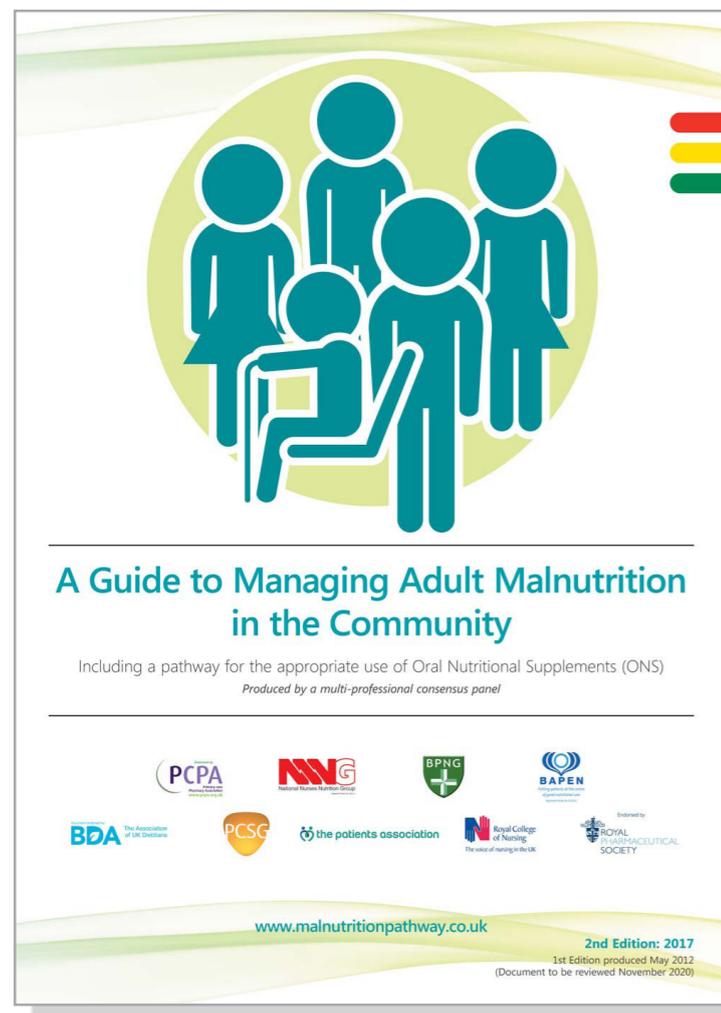


A Guide to Managing Adult Malnutrition in the Community





Managing adult malnutrition in the community



A practical guide supporting GPs and community healthcare professionals to identify and manage individuals at risk of disease-related malnutrition

- Includes a pathway for the appropriate use of oral nutritional supplements (ONS)
- Developed by a multi-professional panel with expertise and an interest in malnutrition
- Based on evidence, clinical experience and accepted best practice
- Second edition 2017 – first edition 2012

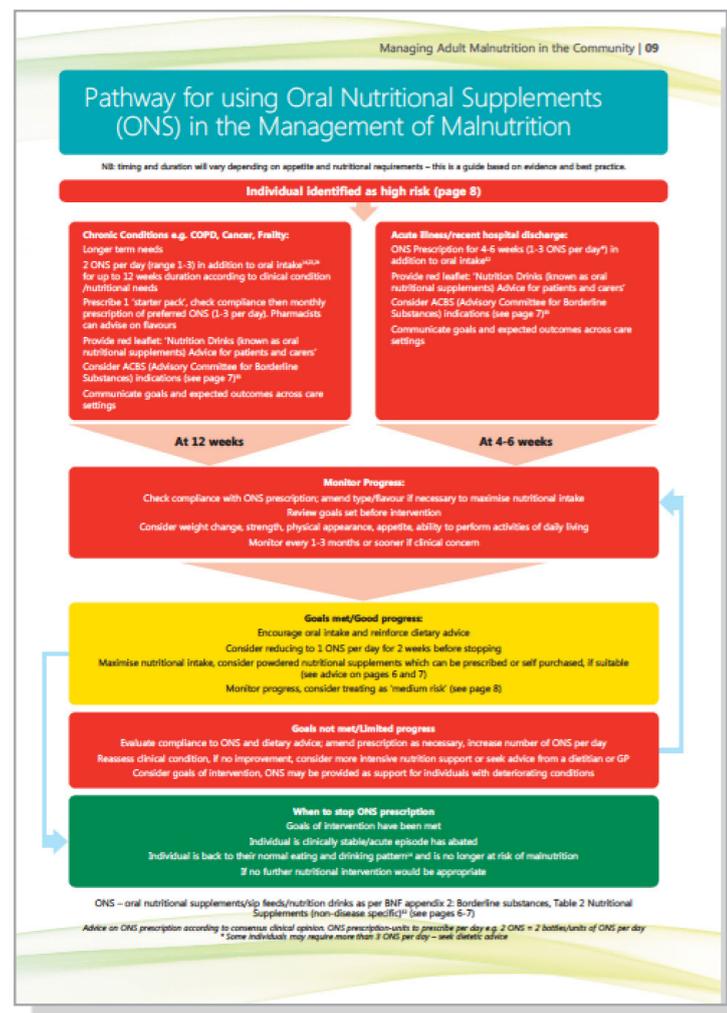
Visit malnutritionpathway.co.uk for further information and references



Managing adult malnutrition in the community

Contents

- Malnutrition overview
- Identification of malnutrition: nutrition screening
- Management of malnutrition
- Optimising Nutritional Intake
- Pathway for using oral nutritional supplements in the management of malnutrition (high risk)





2017 panel members

Anne Holdoway (Panel Chair)

Consultant Dietitian, Specialist in
Gastroenterology and Palliative Care

Liz Anderson

Nutrition Nurse Specialist,
Bucks Healthcare NHS Trust, Chair of the
National Nurses Nutrition Group (NNG)

Iain McGregor

Clinical Director Healthcare Education
and Registered Nurse

Louise Nash

Dietitian, Frail Elderly Pathway Team,
Airedale NHS Foundation Trust

Dr Anita Nathan

General Practitioner,
Member of the GPs Interested in Nutrition Group

Ruth Newton

Nutrition Pharmacist, Countess of Chester
Hospital, Chair of the British Pharmaceutical
Nutrition Group (BPNG)

Barbara Parsons

Community Pharmacist and previous Head of
Pharmacy Practice at the Pharmaceutical Services
Negotiating Committee (PSNC)

The document was also reviewed by
Dr Graham Duce, Clinical Commissioning Group
GP Clinical and Prescribing Lead, Cheshire



Professional and patient groups supporting 'Managing Adult Malnutrition in the Community'



Royal College of
General Practitioners





NICE endorsement statement

NICE CG32

A link to the document website (malnutritionpathway.co.uk) can be found under the tools and resources section of NICE CG32

NICE Endorsement Statement - Managing Malnutrition in the Community

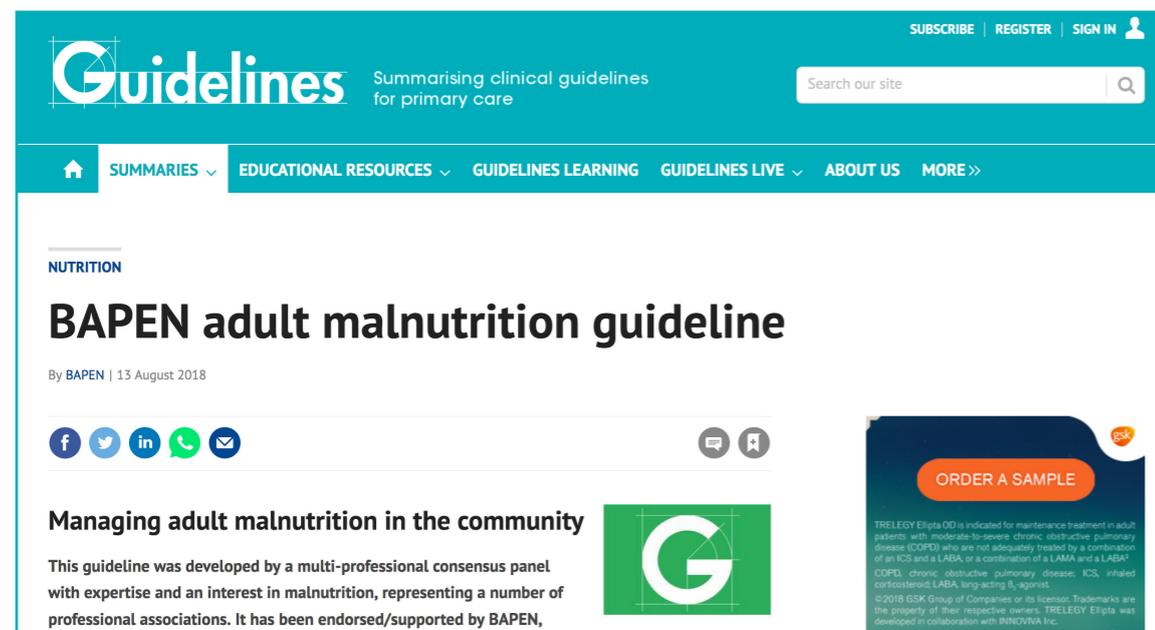
This booklet supports the implementation of recommendations in the NICE guideline on nutrition support for adults (www.nice.org.uk/guidance/cg32) It also supports statements 1, 2 and 5 in the NICE quality standard for nutrition support in adults (www.nice.org.uk/guidance/qs24).

National Institute for Health and Care Excellence, December 2017



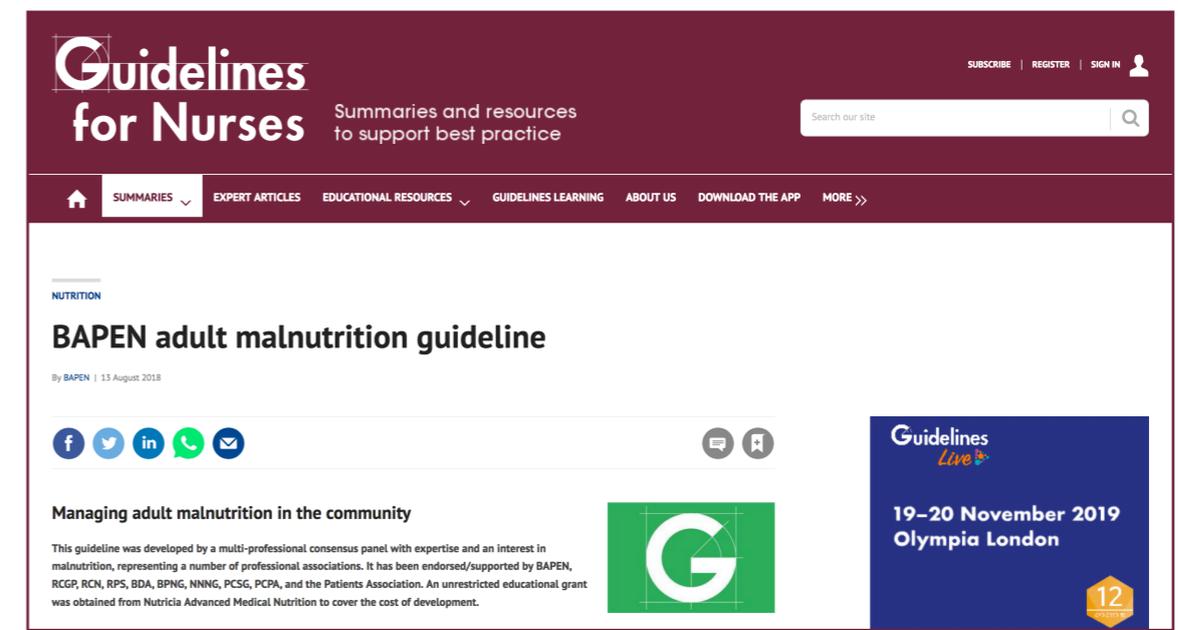
Adopted and integrated into a range of National Guidelines

The Managing Adult Malnutrition in the Community guidelines can be found in eGuidelines and guidelines for nurses websites



The screenshot shows the 'Guidelines' website interface. The header includes the 'Guidelines' logo, the tagline 'Summarising clinical guidelines for primary care', and navigation links for 'SUBSCRIBE', 'REGISTER', and 'SIGN IN'. A search bar is present. The main navigation menu includes 'SUMMARIES', 'EDUCATIONAL RESOURCES', 'GUIDELINES LEARNING', 'GUIDELINES LIVE', 'ABOUT US', and 'MORE'. The article title is 'BAPEN adult malnutrition guideline' by BAPEN, dated 13 August 2018. Below the title are social media sharing icons and a 'G' logo. A sidebar on the right features a 'G' logo and a '12' badge. A 'TRELEGY Elipta OD' advertisement is visible at the bottom right of the article content area.

<https://www.guidelines.co.uk/nutrition/bapen-adult-malnutrition-guideline/454297.article>



The screenshot shows the 'Guidelines for Nurses' website interface. The header includes the 'Guidelines for Nurses' logo, the tagline 'Summaries and resources to support best practice', and navigation links for 'SUBSCRIBE', 'REGISTER', and 'SIGN IN'. A search bar is present. The main navigation menu includes 'SUMMARIES', 'EXPERT ARTICLES', 'EDUCATIONAL RESOURCES', 'GUIDELINES LEARNING', 'ABOUT US', 'DOWNLOAD THE APP', and 'MORE'. The article title is 'BAPEN adult malnutrition guideline' by BAPEN, dated 13 August 2018. Below the title are social media sharing icons and a 'G' logo. A sidebar on the right features the 'Guidelines Live' logo and the text '19-20 November 2019 Olympia London' with a '12' badge. A 'TRELEGY Elipta OD' advertisement is visible at the bottom right of the article content area.

<https://www.guidelinesfornurses.co.uk/nutrition/bapen-adult-malnutrition-guideline/454373.article>



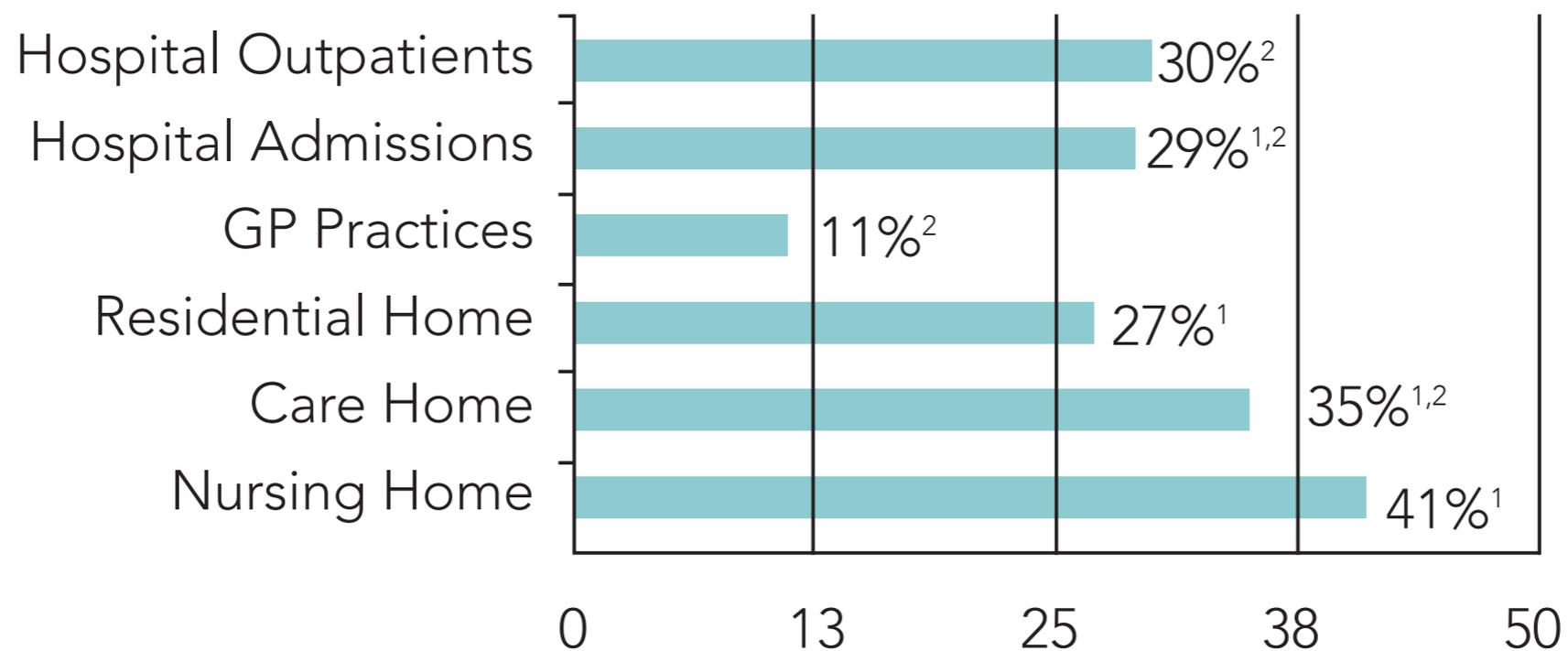
Clinical and Financial Consequences of Malnutrition

Malnutrition is Common:



93% of those at risk live in the community^{1,2}

Malnutrition Prevalence %



References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>
2. Holdoway A et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



Groups at risk of Malnutrition includes those with:^{1,2}

- **Chronic disease e.g. COPD, cancer**
- **Progressive neurological disease e.g. dementia, MND**
- **Acute illness (more common in hospital than the community)**
- **Debility e.g. frailty, old age, recent discharge from hospital**
- **Social issues e.g. housebound, difficulty obtaining or preparing food**
- **Rehabilitation e.g. after stroke, injury**
- **End of life/palliative care**

References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN.

October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>

2. Holdoway A et al. Managing Adult Malnutrition in the Community.

December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



Consequences of Malnutrition^{1,2}

- Increased falls risk
- Impaired recovery from illness and surgery
- Poor clinical outcomes e.g. higher mortality, complications, infections
- Impaired immune response
- Reduced muscle strength and frailty
- Impaired wound healing
- Impaired psycho-social function

Greater Healthcare Usage
e.g. GP visits, antibiotics

More Hospital Admissions/Readmissions

Longer Length of Stay in Hospital

References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>
2. Holdaway A et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



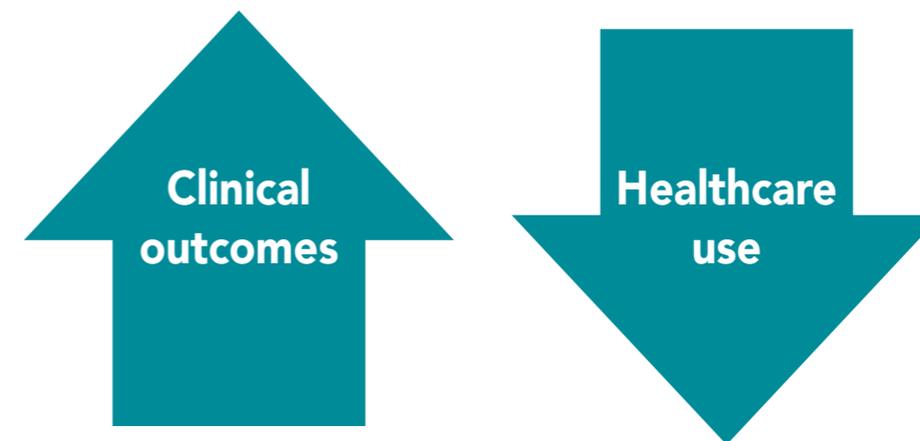
Tackling malnutrition to improve outcomes

- Malnourished individuals have poorer clinical outcomes and greater healthcare use, impacting on the health economy^{1,2}
- Tackling malnutrition can improve nutritional status, clinical outcomes and reduce healthcare use^{1,2}

Malnourished individuals



Tackling malnutrition



References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>
2. Holdoway A et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



Malnutrition is Costly:

The consequences of malnutrition costs the UK health and social care system:

- More than **£23bn** each year¹
- This equates to **15%** of total expenditure on health and social care
- The amount corresponds to approximately **£370** per capita of the population¹ and breaks down to a cost of over **£90 million** per CCG in England²

References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>

2. Holdoway A et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



The Cost of Malnutrition

- It is estimated that identifying and treating malnutrition according to NICE guidance (CG32/QS24) can save at least **£123,530** per 100,000 people¹
- The estimated annual health and social care costs of treating a malnourished patient are 3x that of a non-malnourished patient^{1,2}:
 - patient with malnutrition = **£7,408**^{1,2}
 - similar patient without malnutrition = **£2,155**^{1,2}

References:

1. Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>
2. Holdoway A et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



National Institute for Health and Care Excellence (NICE) Guidance

NICE Clinical Guideline CG32¹ and supporting Quality Standard QS24²:

- **NICE CG32¹ recommends considering oral nutrition support to improve nutritional intake of people who can swallow safely and are malnourished or at risk of malnutrition (A-grade evidence)**
- **NICE QS24² emphasises the need for all care services to take responsibility for the identification of people at risk of malnutrition and to provide nutrition support for everyone who needs it**

References:

1. National Institute for Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.
2. National Institute for Health and Care Excellence (NICE). Nutrition support in adults. Quality Standard 24. 2012



Implementation of NICE QS24¹ & CG32² show substantial cost savings:

Nice Clinical Guidance	Saving per 100,000 population *
CG30 Long acting reversible contraception	£214,681
CG32 / QS24 Nutrition support in adults	£71,800 (updated to £123,530)
CG127 Hypertension	£20,464
CG108 Chronic heart failure	£19,000
CG115 Alcohol dependence	£18,600

As of May 5th 2016, www.nice.org.uk/about/what-we-do/into-practice/cost-saving-guidance
(Note: the cost savings figures are regularly updated on the NICE website)

Table from : Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. BAPEN. October 2018. www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf

References:

1. National Institute for Health and Care Excellence (NICE). Nutrition support in adults. Quality Standard 24. 2012
2. National Institute for Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.



A Guide to Managing Adult Malnutrition in the Community

Document Summary



Identifying malnutrition

- Use a validated screening tool e.g. 'Malnutrition Universal Screening Tool' ('MUST')
- 'MUST' is validated for use across healthcare settings by healthcare professionals
- 'MUST' is a 5 step tool that assesses malnutrition risk based on BMI, unplanned weight loss, effect of acute disease on nutritional intake and provides guidance on developing a care plan and frequency of screening and monitoring



Reference:

The "MUST" report. Nutritional screening for adults: a multidisciplinary responsibility. Elia M, editor. 2003. Redditch, UK, BAPEN.
www.bapen.org/musttoolkit



Setting and monitoring goals

Goals of intervention need to be agreed with the patient/carer and based on:

- disease stage, disease trajectory, prognosis and treatment
- what is acceptable for patient/carer and feasible to implement

Examples of goals include:

- improve mobility and/or strength
- reduce risk of frailty and falls
- prevent further weight loss
- increase weight/muscle mass
- optimise tolerance to treatment
- increase/maintain nutritional intake
- optimise wound healing
e.g. pressure ulcers, post-operatively
- improve the individual's quality of life or ability to undertake activities of daily living
- reduce infections, recurrence or exacerbation of a condition

Progress should be monitored and goals modified accordingly



Identifying malnutrition

In the absence of height and weight (measured or recalled) subjective indicators can be used:

- Thin or very thin in appearance, or loose fitting clothing/jewellery
- History of recent unplanned weight loss
- Changes in appetite, need for assistance with feeding or swallowing difficulties affecting ability to eat
- A reduction in current dietary intake compared to 'normal'

If only using clinical judgement the following can act as a guide:

Estimated risk of malnutrition	Indicators
Unlikely to be at-risk (low)	Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake
Possibly at-risk (medium)	Thin as a result of disease/condition or unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat
Likely to be at-risk (high)	Thin or very thin and/or significant unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat and/or reduced dietary intake



Managing malnutrition according to degree of risk

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 4 for list)
- If BMI > 30kg/m² (obese) treat according to local policy/national guidelines

Medium risk - score 1 Observe

- **Dietary advice** to maximise nutritional intake. Encourage small frequent meals and snacks, with high energy and protein food and fluids²⁰. Provide yellow leaflet ('Your Guide to Making the Most of your Food')
- Powdered nutritional supplements to be made up with water or milk are available²⁰
- Review progress/repeat screening after 1-3 months according to clinical condition or sooner if the condition requires
- If improving continue until 'low risk'
- If deteriorating, consider treating as 'high risk'

High risk - score 2 or more Treat*

- Provide dietary advice as 'medium risk'
- Provide red leaflet ('Nutrition Drinks (known as oral nutritional supplements). Advice for patients and carers')
- Prescribe oral nutritional supplements (ONS) and monitor: See ONS pathway, page 9. (Consider local formularies)
- On improvement, consider managing as 'medium risk'
- Refer to dietitian if no improvement or more specialist support is required.

For more information and references please go to www.malnutritionpathway.co.uk

For all individuals:

- Explore and address/manage factors contributing to malnutrition cause
- 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-bariatric surgery, COPD
- Ensure that care plans are communicated between care settings
- Where possible patients should be encouraged to self-assess and manage the risk of malnutrition
- Refer to other HCPs if additional support is required



Managing malnutrition: Dietary advice to optimise nutritional intake: for those at medium and high risk

- Provide yellow leaflet
'Your Guide to Making the Most of Your Food'
- Encourage small, frequent meals and snacks
- Discuss the importance of fortifying foods to increase calorie and protein intake
- Overcome potential barriers to oral intake:
 - Physical (e.g. dentition, appetite loss, taste changes)
 - Mechanical (e.g. need for modified texture diet after swallow assessment)
 - Environmental (e.g. ability to prepare food, financial issues)
- Remember: Acute and chronic disease may adversely affect appetite and an individual's ability to consume, source and prepare meals & drinks



https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf



Managing malnutrition: Dietary advice to optimise nutritional intake: for those at medium and high risk

- Care should be taken to ensure a balance of nutrients are provided and ensure protein and micronutrient requirements are met¹
- There is some evidence for managing malnutrition with dietary advice alone but data on clinical outcomes or cost is limited²
- Dietary advice can only be effective if it is³:
 - feasible
 - acceptable
 - acted upon by the individual or carer



References:

1. National Institute of Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.
2. Baldwin C and Weekes CE. Dietary advice with or without oral nutritional supplements for disease related malnutrition in adults (review). Cochrane Database of Systematic Reviews [9]. 2011.
3. Holdoway et al. Managing Adult Malnutrition in the Community. December 2017 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf



Managing malnutrition: Oral nutritional supplements (ONS) to optimise nutritional intake: for those at high risk

- ONS contain energy, protein and micronutrients
- They are usually given in addition to oral diet
- Evidence demonstrates a range of clinical and health economic benefits¹

- Increase in nutritional intakes
- Improve weight and function (e.g. strength, QoL)
- Reduced complications, mortality, hospital admissions/re-admissions

- Benefits seen with 1-3 ONS per day, 2-3 months duration^{1,2}
https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf

Reference:

1. National Institute for Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.
2. Stratton RJ, Elia M. A review of reviews: A new look at the evidence for oral nutritional supplements in clinical practice. Clinical Nutrition Supplements 2, 5-23. 2007.

Nutrition Drinks (known as Oral Nutritional Supplements)
Advice for patients and carers

The importance of good nutrition

- We need food and water to give us the essential nutrients (e.g. energy, protein, vitamins) to keep us active and well
- If you are unwell or recovering from an illness you may not feel like eating and drinking
- Your illness, medicines and/or treatment may make things taste different, affect your appetite and make you feel full more quickly
- You have been prescribed nutrition drinks (oral nutritional supplements) in addition to your diet to meet your energy and nutrient needs
- Ideas on how to boost your usual diet are given in a separate information sheet 'Your Guide to Making the Most of your Food'

If you continue to lose weight please see your GP or Dietitian

What are oral nutritional supplements?

Oral nutritional supplements are specially made to contain energy, protein, vitamins and minerals. They are available in drinks, soups and desserts to help people who are finding it difficult to eat enough to get the nutrition they need. Oral nutritional supplements can help you gain weight or stay at a healthy weight. They may also help you to cope better with an illness, tolerate treatments or recover from illness.

How many oral nutritional supplements should I take and how do I take them?

- Everybody is different. Your healthcare professional can give advice on how many oral nutritional supplements you need to take each day and which types might be best for you. Prescriptions are often between 1 and 3 oral nutritional supplements a day.

Oral nutritional supplement/s: _____ Number of bottles/pots/sachets to take per day: _____

- Oral nutritional supplements will help improve your dietary intake. It is important that you take the recommended number/dose each day but if you have trouble managing the amount recommended do let your healthcare professional know
- In general, people take oral nutritional supplements when they most feel like drinking or eating them. This could be between meals, like a snack, first thing in the morning or before bed time. Others find that taking small amounts of their supplements regularly throughout the day helps. Oral nutritional supplements can also be included in some of your favourite recipes too (see section on next page)
- Most oral nutritional supplements (drinks and desserts) taste best cold. Soup and savoury styles are better warm
- You should shake nutrition drinks well before opening
- You can drink most oral nutritional supplements straight from the bottle using a straw if provided or you can pour it into a glass or cup



East of England, PCPA, NNS, BDA, PCSG, the patients association, NICE, SOCIETY



Managing malnutrition: Oral nutritional supplements (ONS)

- **ONS varieties are available to meet individual needs and preferences**
 - Styles (milk, juice, yogurt, savoury),
 - Formats (liquid, powder, pudding, pre-thickened)
 - Types (high protein, fibre containing, low volume)
 - Energy densities (1 - 2.4 kcal/ml)
 - Flavours
- **Most ONS provide ~300kcal, 12g protein and a full range of vitamins and minerals per serving**

- **High protein ONS** are suitable for individuals with COPD, wounds, post-operative patients, some types of cancer, and older people with frailty
- **Fibre-containing ONS** are useful for those with GI disturbances (not suitable for those requiring a fibre-free diet)
- **Pre-thickened ONS** and puddings are available for individuals with dysphagia or an impaired swallow. Seek speech and language therapist advice
- **Low volume high energy ONS** may aid compliance^{30,31} and may be better tolerated by patients who cannot consume larger volumes e.g. those with COPD



Pathway for using ONS in the management of malnutrition

- For use in individuals at high risk of malnutrition or those at medium risk who fail to respond to first line dietary advice

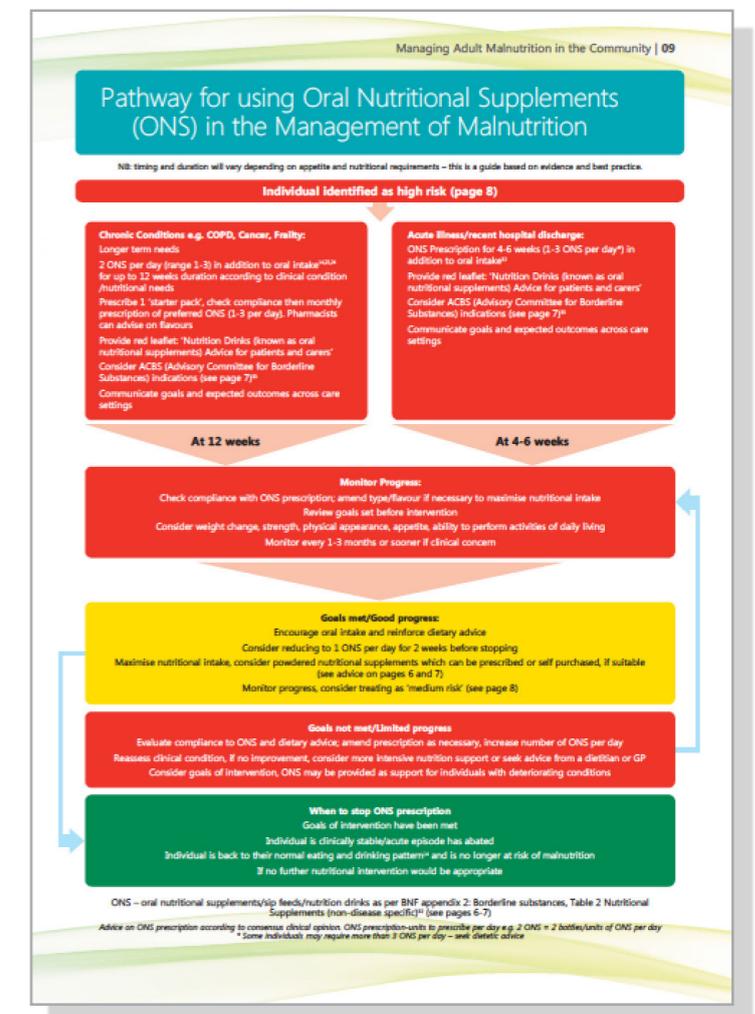
- Outlines considerations prior to initiating a prescription

- Includes:

- guidance on goal setting and monitoring
- advice on seeking further help if progress is not as expected or not satisfactory
- advice on when and how to discontinue ONS prescription

- Guides the use of ONS in those

- recently discharged from hospital/those requiring ONS short term
- with chronic conditions likely to require ONS longer term





ACBS prescribable indications for ONS

Disease-related malnutrition
Short bowel syndrome
Intractable malabsorption
Pre-operative preparation of patients who are undernourished
Proven inflammatory bowel disease (IBD)
Following total gastrectomy
Dysphagia
Bowel fistulae

NB: there may be individuals who fall outside these criteria who, based on clinical judgement, may benefit from ONS for example someone with a new diagnosis who is losing weight

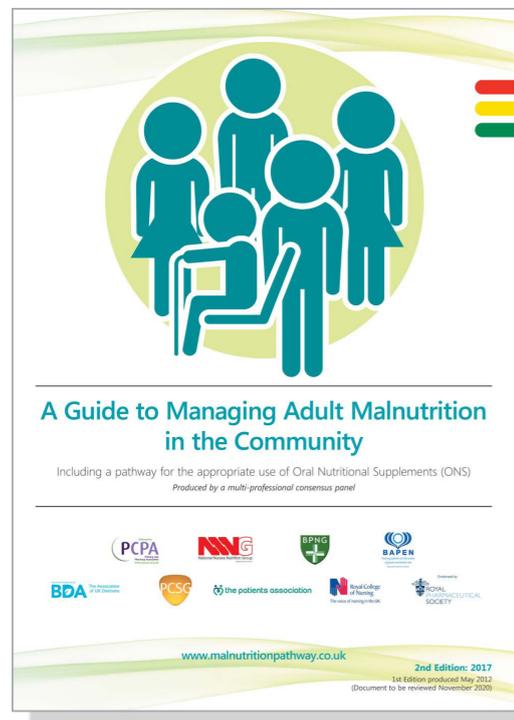
Reference:

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>



Summary

- Malnutrition is a common and costly problem in the UK
- The majority of malnutrition occurs in the community
- Tackling malnutrition can improve nutritional status, clinical outcomes and reduce healthcare use
- **A Guide to Managing Adult Malnutrition in the Community:**



- was developed by an multi professional expert panel to support healthcare professionals working in the community
- is endorsed by key professional and patient associations
- a practical, evidence-based guide which complements existing UK guidance
- it includes a pathway for the appropriate use of ONS including when to start and when to stop



www.malnutritionpathway.co.uk

Managing Adult Malnutrition

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



Managing Adult Malnutrition

Managing Adult Malnutrition in the Community is a practical guide and pathway to assist community healthcare professionals in identifying and managing the 3 million people in the UK at risk of disease-related malnutrition. It has been developed by a multi-professional team and is endorsed by ten key organisations.

This site also features **VIDEO CONTENT** by experts in malnutrition.

[DOWNLOAD COMPLETE DOCUMENT](#)

[PATHWAY VIDEO CHANNEL](#)

Management of malnutrition according to risk category

A screening and management pathway using 'MUST' that can be used across care settings to identify adults who are malnourished or at risk of malnutrition.

[DOWNLOAD PATHWAY](#)

The Pathway for ONS (Oral Nutritional Supplements): this pathway will guide you in setting goals, deciding on dose and duration of ONS, how and when to monitor progress and when to discontinue prescription.

[PATHWAY FOR USING ONS](#)

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TWITTER!

we are
#Tackling Malnutrition
improving clinical outcomes

 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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- Interactive website based on document content
- Includes free downloadable resources and updates on malnutrition



Resources available

www.malnutritionpathway.co.uk

Nutrition Drinks (Known as Oral Nutritional Supplements) Advice for patients and carers

The importance of good nutrition

- We need food and water to give us the essential nutrients (eg. energy, protein, vitamins) to keep us alive and well.
- If you are unwell or recovering from an illness (you may not feel hungry and drinking) your health, wellbeing and recovery may be slower than you expect. When you are unwell and you are not eating or drinking, you may need to take oral nutritional supplements (ONS) to help you get your strength back.
- ONS are not a replacement for food. They are a supplement to your diet.
- ONS are not a replacement for food. They are a supplement to your diet.

When to use oral nutritional supplements

- When you are unwell or recovering from an illness (you may not feel hungry and drinking) your health, wellbeing and recovery may be slower than you expect. When you are unwell and you are not eating or drinking, you may need to take oral nutritional supplements (ONS) to help you get your strength back.
- ONS are not a replacement for food. They are a supplement to your diet.

Your Guide To Making the Most of Your Food - Advice for patients and carers

This leaflet provides some simple ideas on how you can get the most nutrition from the food you are eating.

Get the most from your food

- Eat a variety of different types of food.
- Eat smaller portions more often.
- Drink plenty of water.
- Use a variety of cooking methods.
- Add extra fat to your food.
- Add extra protein to your food.
- Add extra fibre to your food.
- Add extra vitamins and minerals to your food.

Eating Well - Advice for patients and carers

This leaflet provides some simple ideas on how you can get the most nutrition from the food you are eating.

Get the most from your food

- Eat a variety of different types of food.
- Eat smaller portions more often.
- Drink plenty of water.
- Use a variety of cooking methods.
- Add extra fat to your food.
- Add extra protein to your food.
- Add extra fibre to your food.
- Add extra vitamins and minerals to your food.

Dysphagia A HEALTHCARE PROFESSIONAL FACT SHEET

Anna Nathan, Consultant Dietitian
Anna Nathan, Consultant/Professional Lead Speech & Language Therapist

Dysphagia is the difficulty swallowing safely and/or effectively. It is a disorder in the swallowing process that does not allow safe passage of food from the mouth to the stomach.

There are two types of dysphagia:

- Oropharyngeal dysphagia:** difficulties in swallowing due to problems in the mouth or throat.
- Esophageal dysphagia:** difficulties in swallowing due to problems in the esophagus.

Dysphagia can be temporary, resolving through rehabilitation, or it can be chronic and permanent, becoming a permanent condition.

The management of dysphagia often requires input from different members of the healthcare team: Language Therapists, Dietitians, ENT, Hearing and/or Gastroenterology depending on the underlying cause.

CLINICAL CONSEQUENCES: Dysphagia can lead to:

- Aspiration*** - 52% of patients with dysphagia suffer from aspiration*
- Aspiration pneumonia**** - Increased risk of aspiration results in a number of serious consequences, including chest infections, aspiration pneumonia and increased risk of mortality**
- Choking†** - 50-75% of dysphagia patients suffer from choking†
- Dehydration†** - 51% of people with dysphagia are at risk of malnutrition†
- Weight loss†** - The severity of dysphagia correlates with incidence of malnutrition†
- Malnutrition†** - Patients with dysphagia have a 40% increase in length of hospital stay†
- Increased hospital length of stay†** - Over 50% of head and neck cancer patients report a decrease in their quality of life due to dysphagia†
- Reduced quality of life†**

It is important that those experiencing symptoms of dysphagia should be seen by a healthcare professional.

CASE STUDIES IN MALNUTRITION

Case Studies in Malnutrition

DR ANITA NATHAN
GENERAL PRACTITIONER
GP INTERESTED IN NUTRITION GROUP AND OF THE MANAGING ADULT MALNUTRITION IN THE COMMUNITY EXPERT PANEL

www.malnutritionpathway.co.uk
RCGP CONFERENCE 2018

2018 GLASGOW
A 4 DAY CONFERENCE 16-19 SEPTEMBER 2018

RCGP CONFERENCE 2018

Patient Leaflets

Fact Sheets

Video Channel

Managing Adult Malnutrition in the Community | 09

Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

Not being and/or not eating well is a sign of malnutrition - this is a guide based on evidence and best practice.

Individual identified as high risk (page 8)

Check Conditions e.g. COPD, Cancer, Frailty:

- Larger than usual
- 2 ONS per day (page 3-8) in addition to oral nutrition
- For at least 12 weeks (continually according to clinical condition)
- Consider ACEIS (see page 7) - check compliance with monthly prescription of preferred ONS (3-8 per day)
- Consider ACEIS (see page 7) - check compliance with monthly prescription of preferred ONS (3-8 per day)
- Consider ACEIS (see page 7) - check compliance with monthly prescription of preferred ONS (3-8 per day)

At 12 weeks

Monitor Progress

- Check compliance with ONS prescription, amount prescribed if necessary to maintain nutritional intake
- Review goals and adjust targets
- Consider weight change, strength, physical appearance, ability to perform activities of daily living
- Monitor every 2-3 months or sooner if clinical concern

At 4-6 weeks

Monitor Progress

- Check compliance with ONS prescription, amount prescribed if necessary to maintain nutritional intake
- Review goals and adjust targets
- Consider weight change, strength, physical appearance, ability to perform activities of daily living
- Monitor every 2-3 months or sooner if clinical concern

Goals (see page 8)

- Encourage oral intake and reduce dietary advice
- Consider including 2 ONS per day (3-8 per day) to maintain nutritional intake
- Monitor progress, consider training in 'healthy diet' (see page 6)

Check and monitor progress

- Evaluate compliance with ONS and dietary advice, amend prescription as necessary, increase number of ONS per day
- Review clinical condition, if appropriate, consider more intensive support or seek advice from a dietitian or GP
- Consider goals of intervention may be provided in support for individuals with deteriorating conditions

When to stop ONS provision

- Goals of intervention have been met
- Individual is clinically stable/weight has improved
- Individual is back to their normal eating and drinking patterns and is no longer at risk of malnutrition
- If no further nutritional intervention would be appropriate

ONS - oral nutritional supplements; BNF - British National Formulary; ACEIS - ACEIS (see page 7); ONS - oral nutritional supplements; BNF - British National Formulary; ACEIS - ACEIS (see page 7); ONS - oral nutritional supplements; BNF - British National Formulary; ACEIS - ACEIS (see page 7)

Posters

NUTRITION CARE PLAN

LOW RISK OF MALNUTRITION ('MUST' SCORE 0)

Initial and ONS from Day Weekly When Completed by 10/10/2018

DATE	ACTORS	MONITOR	MONITOR	MONITOR	MONITOR	MONITOR
1	Review weight, BMI, MUST score and physical appearance					
2	Weight and/or energy MUST score (if appropriate)					
3	Review the plan and adjust if needed (if appropriate)					

CONSIDERATIONS:

- Review compliance with ONS prescription and ensure that the patient is taking the ONS as prescribed.
- Review compliance with dietary advice and ensure that the patient is following the dietary advice as prescribed.
- Review compliance with physical activity and ensure that the patient is following the physical activity advice as prescribed.
- Review compliance with other interventions and ensure that the patient is following the other interventions as prescribed.

Care Plans

NUTRITION CARE PLAN

MEDIUM RISK OF MALNUTRITION ('MUST' SCORE 1)

Initial and ONS from Day Weekly When Completed by 10/10/2018

DATE	ACTORS	MONITOR	MONITOR	MONITOR	MONITOR	MONITOR
1	Review weight, BMI, MUST score and physical appearance					
2	Weight and/or energy MUST score (if appropriate)					
3	Review the plan and adjust if needed (if appropriate)					

CONSIDERATIONS:

- Review compliance with ONS prescription and ensure that the patient is taking the ONS as prescribed.
- Review compliance with dietary advice and ensure that the patient is following the dietary advice as prescribed.
- Review compliance with physical activity and ensure that the patient is following the physical activity advice as prescribed.
- Review compliance with other interventions and ensure that the patient is following the other interventions as prescribed.

NUTRITION CARE PLAN

HIGH RISK OF MALNUTRITION ('MUST' SCORE 2+)

Initial and ONS from Day Weekly When Completed by 10/10/2018

DATE	ACTORS	MONITOR	MONITOR	MONITOR	MONITOR	MONITOR
1	Review weight, BMI, MUST score and physical appearance					
2	Weight and/or energy MUST score (if appropriate)					
3	Review the plan and adjust if needed (if appropriate)					

CONSIDERATIONS:

- Review compliance with ONS prescription and ensure that the patient is taking the ONS as prescribed.
- Review compliance with dietary advice and ensure that the patient is following the dietary advice as prescribed.
- Review compliance with physical activity and ensure that the patient is following the physical activity advice as prescribed.
- Review compliance with other interventions and ensure that the patient is following the other interventions as prescribed.

Posters



Guidelines and Reports

**A Selection of National Guidance and Key Reports
on Identifying and Treating Malnutrition**



National Institute for Health and Care Excellence (NICE) CG32 (2006)

- Recommends widespread screening to identify those at risk of malnutrition
- The need for training and systems to manage appropriately when identified and prevent where possible
- Oral nutrition support to manage malnutrition (A-grade evidence)
- 2 common oral nutrition support strategies are:
 - dietary advice to increase nutrient content of diet
 - oral nutritional supplements (ONS)
- Last update August 2017

Reference:

National Institute for Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.

NICE National Institute for
Health and Care Excellence



Nutrition support for adults: oral
nutrition support, enteral tube feeding
and parenteral nutrition

Clinical guideline
Published: 22 February 2006
[nice.org.uk/guidance/cg32](https://www.nice.org.uk/guidance/cg32)

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National Institute for Health and Care Excellence (NICE) QS24 (2012)

- People in care settings are screened for the risk of malnutrition using a validated screening tool
- People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements
- All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings

A guide for commissioners is included:

<https://www.nice.org.uk/guidance/qs24/resources/support-for-commissioners-and-others-using-the-quality-standard-on-nutrition-support-in-adults-pdf-252372637>

Reference:

National Institute for Health and Care Excellence (NICE). Nutrition support in adults. Quality Standard 24. 2012

NICE National Institute for
Health and Care Excellence



Nutrition support in adults

Quality standard
Published: 30 November 2012
[nice.org.uk/guidance/qs24](https://www.nice.org.uk/guidance/qs24)

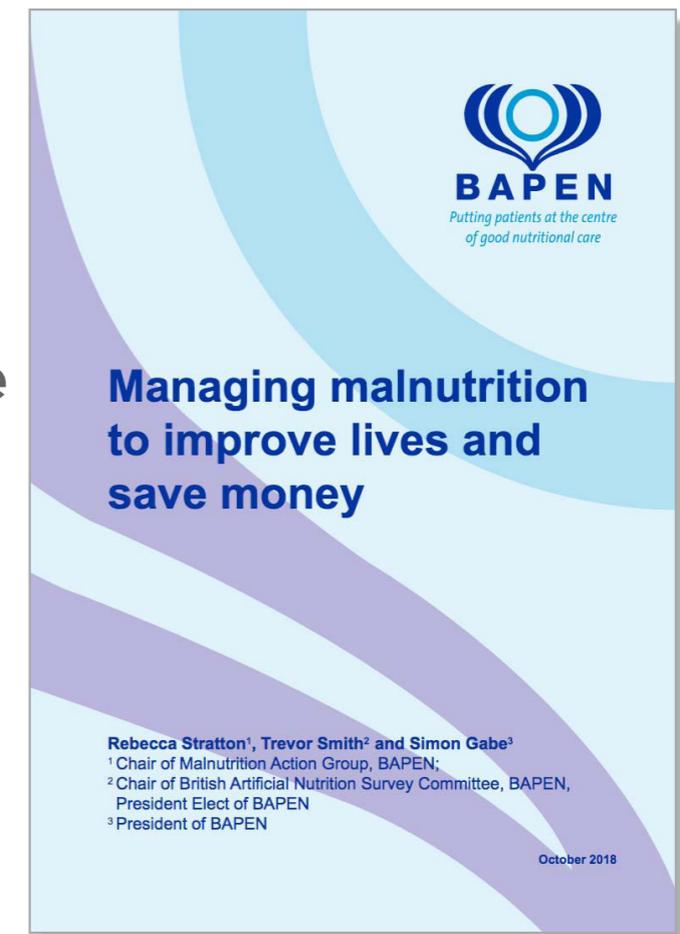
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BAPEN report

Managing malnutrition to improve lives and save money (2018)

- **This report outlines:**
 - the importance of identifying and appropriately managing malnutrition
 - the cost savings that can be achieved by appropriate management of malnutrition

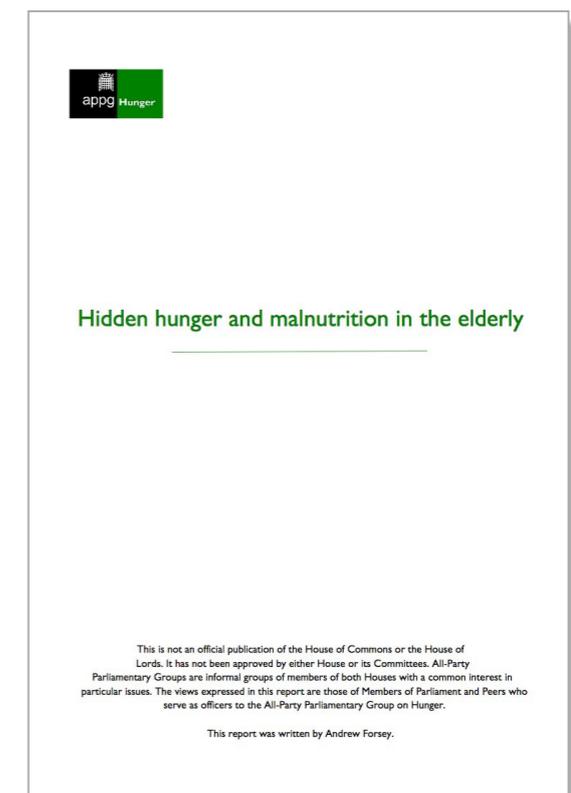


<https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>



All Party Parliamentary Group (APPG) on Hidden Hunger & Malnutrition in the elderly (2018)

- Highlights that malnourished individuals are more vulnerable to accidents, ill-health and take longer to heal
- Calls for the Government to take action to tackle malnutrition in the growing elderly population as, in doing so, savings exceeding £15bn a year to the NHS and social care could be realised



www.frankfield.co.uk/upload/docs/Hidden%20hunger%20and%20malnutrition%20in%20the%20elderly.pdf



Guideline on Clinical Nutrition in Geriatrics (2019)

ESPEN provides 82 evidence-based recommendations for nutritional care in older people

Key messages include:

- screen all older people with a validated tool to identify malnutrition early
- carry out nutritional interventions as part of a multimodal, multidisciplinary team to support adequate dietary intake, maintain/increase body weight and improve functional and clinical outcomes (B grade)
- **for older people who are malnourished or at risk of malnutrition:**
 - offer ONS in patients with chronic conditions when dietary counselling/food fortification are not sufficient to increase intake and reach goals (GPP)
 - offer ONS after hospital discharge to improve intake, weight and reduce functional decline (these should provide at least 400kcal and ≥ 30 g protein per day) (A grade)
 - ONS should be continued for at least one month with benefit and compliance assessed (GPP)

Reference:

Volkert D et al. ESPEN guideline on clinical nutrition and hydration in geriatrics. Clin Nutr. 2019; 38 (1): 10-47

NB: A grade = at least one meta-analysis, systematic review, or randomized controlled trial (RCT) that is rated as 1++, and directly applicable to the target population; a body of evidence that consists principally of studies rated as 1+, directly applicable to the target population and demonstrates overall consistency of results

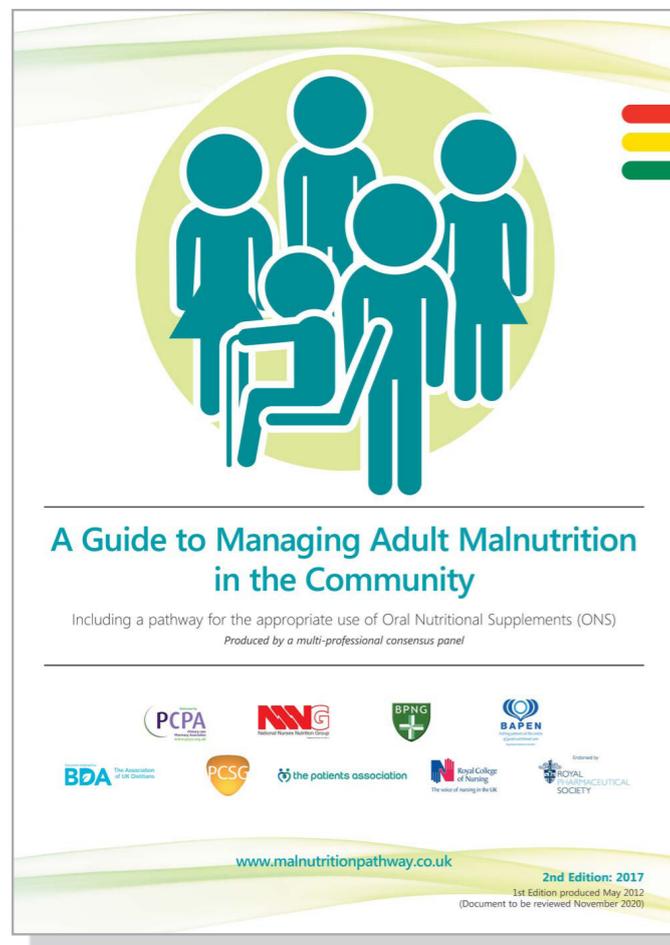
B grade = A body of evidence that includes studies rated as 2++, is directly applicable to the target population; or a body of evidence including studies rated 2+, directly applicable to the target population and demonstrating overall consistency of results; or extrapolated evidence from studies rated as 1++ or 1+

GPP = Good Practice Points/expert consensus: Recommended best practice based on the clinical experience of the guideline development group





A Guide to Managing Adult Malnutrition in the Community (2017)



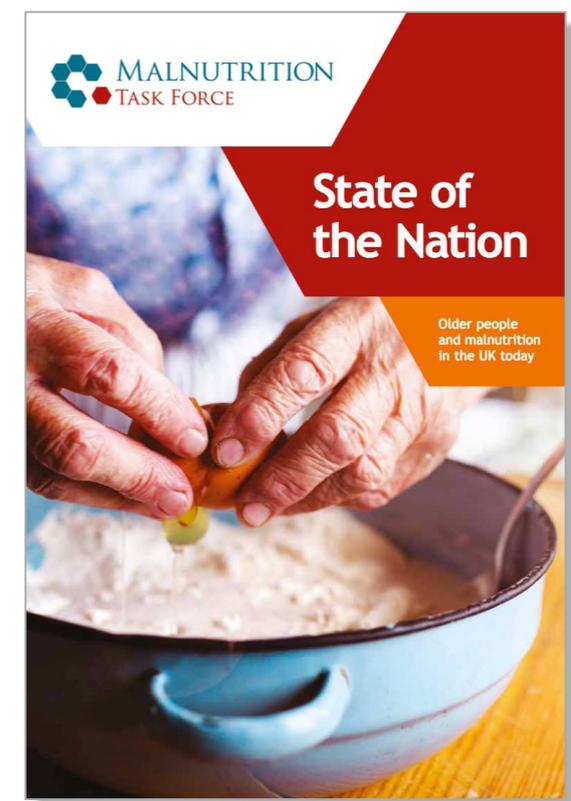
- Includes an overview of the cost and consequences of malnutrition in the UK
- Provides advice on identification and management of malnutrition
- Incorporates the 'MUST' screening tool
- Includes a pathway for using Oral Nutritional Supplements (ONS) in the management of malnutrition in patients categorised as high-risk
- 1st Edition 2012 – 2nd Edition 2017
- Supported by a website which includes patient leaflets, posters and fact sheets

www.malnutritionpathway.co.uk



Malnutrition Task Force State of the Nation report (2017)

- Highlights the scale of malnutrition in later life
- Emphasises the detrimental effect that malnutrition can have on an older person's independence, health and wellbeing
- Looks at the subsequent health costs of increased hospital admissions and long-term health problems



[www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/
AW-5625-Age-UK-MTF_Report.pdf](http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/AW-5625-Age-UK-MTF_Report.pdf)



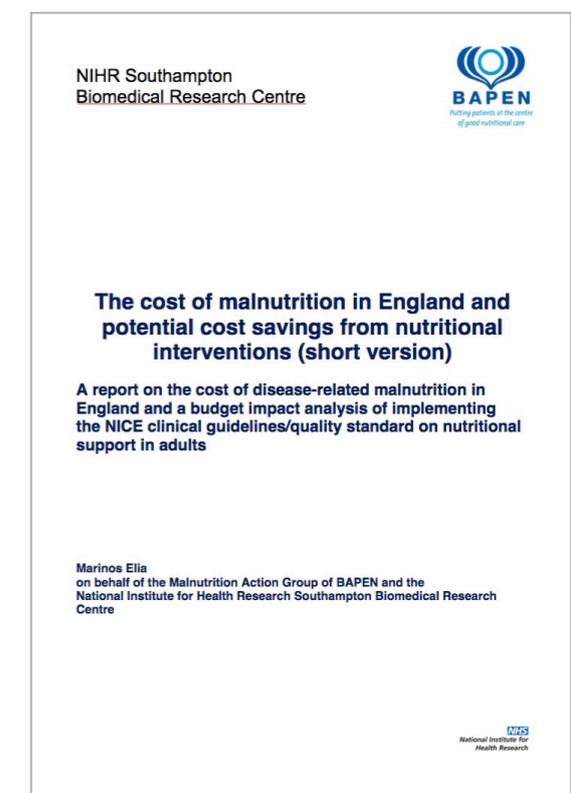
NIHR & BAPEN

The cost of malnutrition in England and potential cost savings from nutritional intervention (2015)

This report evaluates the enormous clinical and economic burden of malnutrition that continues to exist in hospital and community settings in both adults and children

- It reveals how this growing economic burden continues to be under-recognised and under-treated to the detriment of individuals' health, social care services and society as whole
- It includes a budget impact analysis to implement CG32/QS24

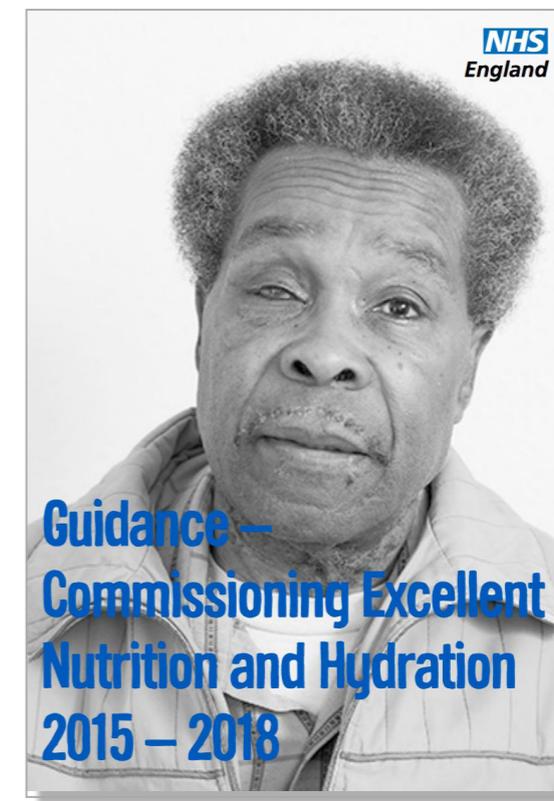
www.bapen.org.uk/pdfs/economic-report-short.pdf





NHS England Guidance Commissioning Excellent Nutrition and Hydration 2015-2018

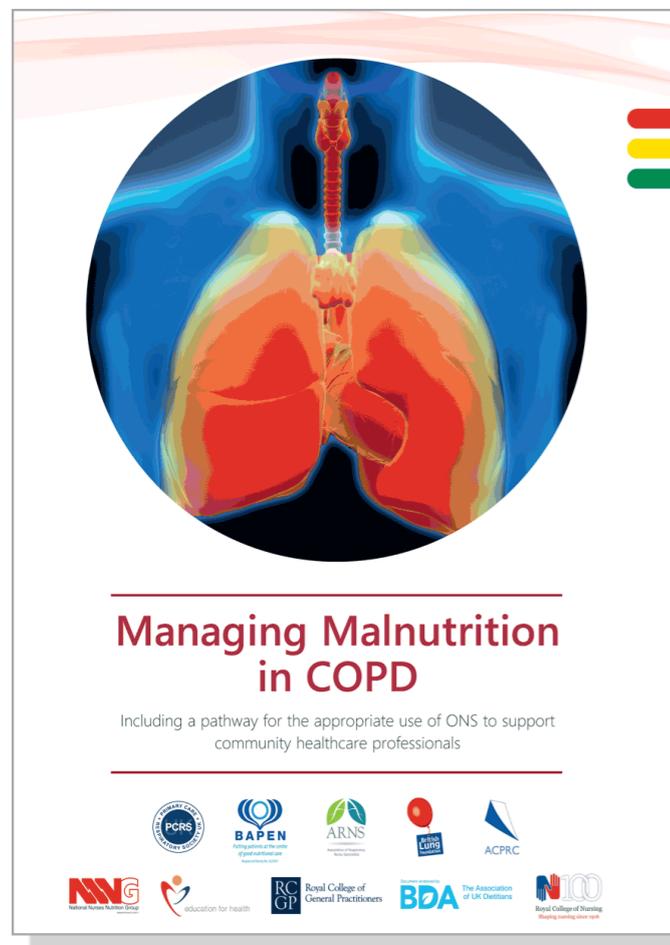
- A practical guide to explain why commissioners should make nutrition and hydration a priority
- Provides advice on how to tackle the problem and how to assess the impact of services commissioned



www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf



Managing Malnutrition in COPD (2015)



- Includes an overview of the issues of malnutrition and COPD
- Provides advice on identification and management of malnutrition in patients with COPD
- Includes a pathway for using Oral Nutritional Supplements (ONS) in the management of malnutrition in patients with COPD who are categorised as high-risk of malnutrition
- Supported by a website which includes patient leaflets, posters and fact sheets

www.malnutritionpathway.co.uk/copd



BAPEN: Malnutrition Matters – A Commitment to Act (2014)

- Designed to bring clarity to where responsibility for delivering good nutritional care lies
- Outlines responsibilities of organisations and professionals at national, regional and local levels
- Endorsed by 16 professional and patient organisations



www.bapen.org.uk/pdfs/malnutrition-matters-a-commitment-to-act.pdf



Care Quality Commission (CQC) Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 14

Purpose: to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment

- To meet this regulation, providers must make sure that (where it is part of their role) people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.
- People must have their nutritional needs assessed and food must be provided to meet those needs including the use of prescribed nutritional supplements, tube feeding and/or parenteral nutrition
- People's preferences, religious and cultural backgrounds must be taken into account