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

Visit malnutritionpathway.co.uk for further information and references
Managing adult malnutrition in the community

Contents

– Malnutrition overview
– Identification of malnutrition: nutrition screening
– Assessment: identification of the underlying cause of malnutrition
– Management of malnutrition
– Optimising Nutritional Intake:
  • Monitoring the intervention
  • Managing malnutrition according to risk category
– Pathway for using oral nutritional supplements in the management of malnutrition (high risk)
Managing Malnutrition
In the Community

2021 panel members

Anne Holdoway (Panel Chair)
Consultant Dietitian, Specialist in Gastroenterology and Palliative Care, Education Officer, British Association of Parenteral and Enteral Nutrition (BAPEN)

Liz Anderson
Nutrition Nurse Specialist, Bucks Healthcare NHS Trust, Patient Experience Officer, British Association of Parenteral and Enteral Nutrition (BAPEN)

Dr Ann Ashworth
Consultant Dietitian, Member of the Malnutrition Action Group of the British Association of Parenteral and Enteral Nutrition (BAPEN)

Louise Nash
Dietitian, Frailty and Home Enteral Feeding Dietitian, Airedale NHS Foundation Trust

Dr Anita Nathan
General Practitioner, Malnutrition lead for GPs Interested in Nutrition and Lifestyle Group (GPING) (an RCGP Specialist Group)

Ruth Newton
Nutrition Pharmacist, Countess of Chester Hospital, British Pharmaceutical Nutrition Group (BPNG)

Sam Cudby
Practice Pharmacist, Addlestone, Representative of the Primary Care Pharmacists Association (PCPA)

Carolyn Doyle
Professional Lead for Community & End of Life Care, Royal College of Nursing (RCN)

The document was also reviewed by Dr Graham Stretch, Primary Care Pharmacists Association (PCPA) President, PCN Clinical Director, London
Professional and patient groups supporting ‘Managing Adult Malnutrition in the Community’
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
Endorsed December 2017. Updated June 2021
Adopted and integrated into a range of National Guidelines

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

https://www.guidelines.co.uk/nutrition/bapen-adult-malnutrition-guideline/454297.article
Clinical and Financial Consequences of Malnutrition
Malnutrition is Common:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Malnutrition Prevalence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatients</td>
<td>30%\textsuperscript{2}</td>
</tr>
<tr>
<td>Hospital Admissions</td>
<td>29%\textsuperscript{1,2}</td>
</tr>
<tr>
<td>GP Practices</td>
<td>11%\textsuperscript{2}</td>
</tr>
<tr>
<td>Residential Home</td>
<td>27%\textsuperscript{1}</td>
</tr>
<tr>
<td>Care Home</td>
<td>35%\textsuperscript{1,2}</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>41%\textsuperscript{1}</td>
</tr>
</tbody>
</table>

References:
Groups at risk of Disease-related 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)
- Frailty e.g. immobility, old age, recent discharge from hospital, sarcopenia
- Neuro-disability e.g. cerebral palsy, learning disabilities
- Impaired swallow (dysphagia)
- End of life requirements/palliative care needs
- Also those undergoing:
  - Prehabilitation - to optimise nutritional status prior to surgery
  - Rehabilitation - to provide on-going support in the community after an acute episode of care e.g. after surgery, stroke, injury, cancer treatment, hospital admission

References:
Consequences of Malnutrition\textsuperscript{1,2}

- Increased falls risk
- Slower 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 e.g. anxiety, depression, altered cognitive function

References:
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\(^1,2\)

References:
Malnutrition is Costly:
The consequences of malnutrition costs the UK health and social care system:

- More than £23bn each year
- This equates to 15% of total expenditure on health and social care
- The amount corresponds to approximately £370 per capita of the population and breaks down to an average cost of over £15 million per PCN in England

References:
2. Average cost calculated on the basis of £19bn per year cost of malnutrition in England and 1,250 PCNs in the UK
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 people.

- The estimated annual health and social care costs of treating a malnourished patient are 3x that of a non-malnourished patient:
  - patient with malnutrition = £7,408
  - similar patient without malnutrition = £2,155

- The cost of nutrition support products (including ONS, tube feeds and parenteral nutrition) is low at <2.5% of the total expenditure on malnutrition.

References:
National Institute for Health and Care Excellence (NICE) Guidance

NICE Clinical Guideline CG32\(^1\) and supporting Quality Standard QS24\(^2\):

- NICE CG32\(^1\) 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 QS24\(^2\) 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:


A Guide to Managing Adult Malnutrition in the Community

Document Summary
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

This four step process reflects both the nutrition care process and care frameworks that are used by a range of healthcare professionals to manage health, and healthcare conditions.
Managing Malnutrition in the Community

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 tool that uses BMI, unplanned weight loss and effect of acute disease on nutritional intake to calculate the risk of malnutrition

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

Total score 0 - 6

Low risk - score 0
Routine Clinical Care

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

Medium risk - score 1
Observe

High risk - score 2 or more
Treat

Reference:
Identifying malnutrition

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

- Use patient reported values of current weight, height, previous weight to calculate Step 1 and Step 2 of ‘MUST’ if available
- Where not possible to obtain physical or self-reported measures of weight or height (measured or recalled) use subjective indicators collectively to estimate malnutrition.
- Use questions to assist in obtaining information to inform a clinical impression of malnutrition risk and determine the most appropriate intervention:

<table>
<thead>
<tr>
<th>Estimated risk of malnutrition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlikely to be at-risk (low)</td>
<td>Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake</td>
</tr>
<tr>
<td>Possibly at-risk (medium)</td>
<td>Thin as a result of disease/condition or unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat</td>
</tr>
<tr>
<td>Likely to be at-risk (high)</td>
<td>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</td>
</tr>
</tbody>
</table>
**Assessment: Identifying the Underlying Cause of Malnutrition**

It is important to consider the underlying cause to help identify the most appropriate nutritional care:

- **identifying causes and symptoms which are interfering with the ability to eat and drink**
- **address those that can be reversed or modified**

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

**Note:** in some cases referral to relevant specialities may be required.
## 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:

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

Progress should be monitored and goals modified accordingly
## Managing malnutrition according to degree of risk

<table>
<thead>
<tr>
<th>Low risk - score 0</th>
<th>Explore and, where possible, address factors contributing to underlying cause of malnutrition Identify treatment goals</th>
</tr>
</thead>
</table>
| 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) |
| Medium risk - score 1 | Dietary advice to maximise nutritional intake. Encourage small frequent meals and snacks, with high energy and protein food and fluids³². Provide yellow leaflet ‘Your guide to making the most of your food’  
- Powdered nutritional supplements to be made up with water or milk are available³²  
- 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’  
- Consider referral to a Dietitian for dietary counselling at the earliest opportunity especially for complex cases |

### 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, COPD

- Ensure that care plans are communicated between care settings

- Encourage patients to self manage. Consider directing to self screening resources e.g. www.malnutritionselfscreening.org

- Refer to other HCPs if additional support is required (e.g. Dietitian, Physiotherapist, GP, Speech and Language Therapist)

For more information and references please go to www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf
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

- Encourage small, frequent meals and snacks with a focus on nutrient rich foods and drinks
- Care should be taken to ensure a balance of nutrients are provided and ensure protein and micronutrient requirements

- Dietary advice can only be effective if it is:
  - feasible
  - acceptable
  - acted upon by the individual or carer

References:
Management strategies

The Importance of Protein

A number of dietary strategies can be considered for patients who are at medium and high risk of malnutrition including:

- Multiple studies have indicated that at least 25–30 g of high-quality protein is necessary at each meal to optimally build or maintain muscle in older people and those who are unwell:
  - during illness and in older age actual intakes of protein are frequently inadequate
- Left unaddressed the shortfall of protein (and energy), contributes to loss of muscle with a subsequent decline in immunity, strength and the ability to perform everyday activities:
  - this can lead to a loss of independence, falls, and increase risk of mortality
- Patients should be encouraged to eat 3-4 portions of high protein foods per day
  - for further information/ideas on protein see [www.malnutritionpathway.co.uk/proteinfoods](http://www.malnutritionpathway.co.uk/proteinfoods)
- For patients with sarcopenia (loss of muscle mass and strength) emphasise the importance of protein rich foods and drinks
- For patients with sarcopenic obesity focus on protein intake and resistance exercises with a goal of gaining muscle (lean) mass as opposed to fat mass; i.e. the goal will be weight maintenance, not weight gain:
  - see [www.malnutritionpathway.co.uk/library/factsheet_sarcopenia.pdf](http://www.malnutritionpathway.co.uk/library/factsheet_sarcopenia.pdf)

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

- **ONS contain energy, protein and micronutrients**
- They are used to supplement the diet when diet alone is insufficient to meeting daily nutritional requirements. They are not intended as a food replacement
- **Evidence demonstrates a range of clinical and health economic benefits**¹
  - Increase in nutritional intakes
  - Improve weight and function (e.g. strength, QoL)
  - Reduced complications (e.g. pressure ulcers, poor wound healing, infections), mortality, hospital admissions/re-admissions
- **Benefits seen with 1-3 ONS per day, 2-3 months duration**¹²

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

**Reference:**
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**: can be suitable for individuals with high protein needs, e.g. COPD, wounds, post-operative patients, some types of cancer, older people with frailty, patients who have been in ICU, patients with sarcopenia
  - **Fibre-containing ONS**: can be useful for those with gastrointestinal disturbances (not suitable for those requiring a fibre-free diet)
  - **Pre-thickened ONS and puddings**: available for individuals with dysphagia or an impaired swallow. (Seek Speech and Language Therapist advice before prescribing)
  - **Low volume high energy ONS**: may aid compliance and may be better tolerated by patients who cannot consume larger volumes e.g. those with COPD

*NB: Check product ingredients for specific allergies and intolerances.*
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

- ONS should be used in accordance with their indications for prescribing only:
  - e.g. for the dietary management of disease related malnutrition
- ACBS approved indications for ONS can be viewed online at www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff
- Refer to local formularies for guidance
- There may be individuals who fall outside these criteria, but who you think, based on clinical judgement, may benefit from ONS:
  - e.g. someone with new diagnosis who is starting to lose weight but does not yet reach the ‘MUST’ criteria for risk of malnutrition
- If prescribing for someone who does not meet the ACBS criteria document the rationale for ONS
- ONS might not be appropriate for some individuals:
  - e.g. in substance misuse

Reference:
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
Managing Adult Malnutrition

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

Latest updates

OPTIMISING THE NUTRITIONAL CARE OF PATIENTS WITH CANCER: new resource to assist healthcare professionals READ ARTICLE

Evidence based management of disease related malnutrition READ ARTICLE

New Factsheet: Dealing with Patients with Sarcopenia READ ARTICLE

COVID-19: the nutritional status of patients. READ ARTICLE

Pathway Newsletter: LATEST EDITION

Counting the Cost of Malnutrition: CNCPD

NEW QUESTIONNAIRE: linked to our presentation COUNTING THE COST OF MALNUTRITION & ITS MANAGEMENT Take the questionnaire HERE

VIDEO: COUNTING THE COST OF MALNUTRITION: Dr Anita Nathan presents an overview of the costs of malnutrition. GO TO VIDEO

Managing Adult Malnutrition in the Community

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. Developed by a multi-professional team and endorsed by ten key organisations.

Download complete document

• Interactive website based on document content
• Includes free downloadable resources and updates on malnutrition
Managing Malnutrition
In the Community

Resources available for healthcare professionals on www.malnutritionpathway.co.uk

Managing Adult Malnutrition in the Community
Managing Malnutrition in COPD
Managing Malnutrition
In the Community

Resources available for healthcare professionals on www.malnutritionpathway.co.uk

Factsheets

Top Ten Tips

Posters

Newsletters

Factsheets

Top Ten Tips

Posters

Newsletters

Factsheets

Top Ten Tips

Posters

Newsletters

Factsheets

Top Ten Tips

Posters

Newsletters
Managing Malnutrition
In the Community

Resources available for healthcare professionals on www.malnutritionpathway.co.uk

Online interactive resources:
Videos, webinars & podcasts

Cancer

COVID-19

Managing Malnutrition
In the Community

Optimising Nutritional Care in Cancer

STEP BY STEP GUIDE

1. Nutritional screen at diagnosis & subsequent care: visit with localised tool e.g. ‘MUST’
2. Consider nutrition impact symptoms (see section on nutrition impact symptoms and their management)
3. Identify barriers impacting on nutritional intake, using a list of typical problems as a prompt (see section on nutrition impact symptoms and their management). Probe to determine the degree of distress associated with these symptoms. Offer help and advice using resources available and refer to other HCPs as needed.
4. Offer patient information according to the issue (see section on nutrition impact symptoms and their management)
5. Encourage good mouth care especially amongst individuals with a poor oral intake, or on a tube fed or parenteral nutrition (see section on nutrition impact symptoms and their management)
6. Don’t delay referral to a Dietitian for more specialist advice e.g., refer patients at high risk of malnutrition without delay, and medium risk of concern
7. In all cancer patients if food intake is insufficient, or if less meals per day nutritional status can rapidly decline and as such the use of ONS may need to be considered early in management to limit deterioration
8. Ensure ongoing monitoring and regular reviews - check compliance to advice and adjust nutritional intervention as required to maintain intake
9. Consider the need for monitoring (including self-monitoring) beyond treatment as diet-related problems, uncontrolled weight loss, and muscle loss can remain a problem in cancer survivors (see section on impact of malnutrition in cancer)

The Managing Adult Malnutrition in the Community pathway provides GUIDANCE AND RESOURCES that are appropriate for use in patients with cancer.

COVID-19 ILLNESS RESOURCE FINDER

For the right information on good nutrition during or after COVID-19 illness:

AT HOME WITH SYMPTOMS OF COVID-19 ILLNESS

RECOVERING AT HOME AFTER A HOSPITAL STAY FOR COVID-19 ILLNESS

“Treated on a general ward; I feel better, my appetite is good:

I am a healthy weight (overweight) and I have not lost weight

NEXT STEPS: It is important that you aim to eat well and keep yourself well.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, I have lost some weight:

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness:

Treated in intensive care:

Cancer

Covid-19

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness:

Treated in intensive care:

Understanding mild, moderate and severe symptoms of COVID-19. MORE INFORMATION

Leaflets to help you

The information noted in the resource listed above are as follows:

Resources available for healthcare professionals on www.malnutritionpathway.co.uk

Online interactive resources:
Videos, webinars & podcasts

Cancer

COVID-19

Managing Malnutrition
In the Community

Optimising Nutritional Care in Cancer

STEP BY STEP GUIDE

1. Nutritional screen at diagnosis & subsequent care: visit with localised tool e.g. ‘MUST’
2. Consider nutrition impact symptoms (see section on nutrition impact symptoms and their management)
3. Identify barriers impacting on nutritional intake, using a list of typical problems as a prompt (see section on nutrition impact symptoms and their management). Probe to determine the degree of distress associated with these symptoms. Offer help and advice using resources available and refer to other HCPs as needed.
4. Offer patient information according to the issue (see section on nutrition impact symptoms and their management)
5. Encourage good mouth care especially amongst individuals with a poor oral intake, or on a tube fed or parenteral nutrition (see section on nutrition impact symptoms and their management)
6. Don’t delay referral to a Dietitian for more specialist advice e.g., refer patients at high risk of malnutrition without delay, and medium risk of concern
7. In all cancer patients if food intake is insufficient, or if less meals per day nutritional status can rapidly decline and as such the use of ONS may need to be considered early in management to limit deterioration
8. Ensure ongoing monitoring and regular reviews - check compliance to advice and adjust nutritional intervention as required to maintain intake
9. Consider the need for monitoring (including self-monitoring) beyond treatment as diet-related problems, uncontrolled weight loss, and muscle loss can remain a problem in cancer survivors (see section on impact of malnutrition in cancer)

The Managing Adult Malnutrition in the Community pathway provides GUIDANCE AND RESOURCES that are appropriate for use in patients with cancer.

COVID-19 ILLNESS RESOURCE FINDER

For the right information on good nutrition during or after COVID-19 illness:

AT HOME WITH SYMPTOMS OF COVID-19 ILLNESS

RECOVERING AT HOME AFTER A HOSPITAL STAY FOR COVID-19 ILLNESS

“Treated on a general ward; I feel better, my appetite is good:

I am a healthy weight (overweight) and I have not lost weight

NEXT STEPS: It is important that you aim to eat well and keep yourself well.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, I have lost some weight:

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness:

Treated in intensive care:

Cancer

Covid-19

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness:

Treated in intensive care:

Cancer

Covid-19

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness: +

Treated on a general ward; I have reduced appetite, I have lost some weight: -

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness: +

Treated in intensive care:

Cancer

Covid-19

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness: +

Treated in intensive care:

Cancer

Covid-19

NEXT STEPS: You may need some advice to help you to get more from your meals.

This leaflet “Improving your nutrition: during and after COVID-19 Illness” will help you.

Treated on a general ward; I have reduced appetite, underweight/weight loss, weakness: +

Treated in intensive care:
Managing Malnutrition In the Community

Resources available for care homes on www.malnutritionpathway.co.uk

- Care plans
- Fact sheets
- Ten top tips
Resources available for patients and carers on www.malnutritionpathway.co.uk

Leaflets for those at risk of malnutrition

Leaflets offering advice on nutrition impact symptoms

Disease specific resources: Covid-19

Disease specific resources: COPD

Advice on adding protein to the diet
Guidelines and Reports

A Selection of National Guidance and Key Reports on Identifying and Treating Malnutrition
Managing Malnutrition
In the Community

• 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:
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.

Reference:
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

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

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 ≥30g protein per day) (A grade)
  - ONS should be continued for at least one month with benefit and compliance assessed (GPP)


Reference:


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
Managing Malnutrition in the Community

ESPEN Practical Guideline: Clinical Nutrition in Cancer (2021)

- Practical guideline based on the current scientific ESPEN guidelines on nutrition in cancer patients
- Shortened guidance is transformed into flow charts for easier use in clinical practice
- Includes a total of 43 recommendations with short commentaries for the nutritional and metabolic management of patients with neoplastic diseases
- Includes:
  - general concepts of treatment relevant to all cancer patients
  - interventions relevant to specific patient categories

A Guide to Managing Adult Malnutrition in the Community (2021)

- Includes an overview of the cost and consequences of malnutrition in the UK
- Provides advice on identification, assessment 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
- Supported by a website which includes patient and carer resources, specific advice for healthcare professional groups, fact sheets and interactive resources: www.malnutritionpathway.co.uk
Malnutrition Task Force
State of the Nation report (2021)

- 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

[Link: www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.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

Royal College of Physicians
Supporting People who have Eating and Drinking Difficulties (2021)

- Guidance for medical and healthcare professionals, particularly those involved in caring for people who have eating and drinking difficulties
- Aims to support healthcare professionals to work together with patients, their families and carers to make decisions around nutrition and hydration that are in the best interests of the patient
- Covers:
  - factors affecting our ability to eat and drink
  - strategies to support oral nutrition and hydration
  - techniques of clinically assisted nutrition and hydration
  - the legal and ethical framework to guide decisions about giving and withholding treatment, emphasising the two key concepts of capacity and best interests

www.rcplondon.ac.uk/projects/outputs/supporting-people-who-have-eating-and-drinking-difficulties
Managing Malnutrition in COPD (2020)

- 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](http://www.malnutritionpathway.co.uk/copd)
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

www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs