Managing Malnutrition
In the Community

A Guide to Managing Adult Malnutrition in the Community

Document Summary

Four Steps to Managing Malnutrition

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

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**

BMI score	
>20 kg/m^2	Score 0
18.5 – 20 kg/m^2	Score 1
<18.5 kg/m^2	Score 2

Weight loss score
Unplanned weight loss score in past 3-6 months

<5%	Score 0
5 - <10%	Score 1
>10%	Score 2

Acute disease effect score
(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

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:

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

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:**

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

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**

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

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:

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

Progress should be monitored and goals modified accordingly

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 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/m^2 (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
Observe

- **Dietary advice** to maximise nutritional intake. Encourage small frequent meals and snacks, with high energy and protein food and fluids[32]. Provide yellow leaflet 'Your Guide to Making the Most of your Food'
- Powdered nutritional supplements to be made up with water or milk are available[32]
- 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 more information and references please go to www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf

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)

Managing Malnutrition
In the Community

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)


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.
If you have a medical condition, food allergies or issues with swallowing for which you have received special dietary advice, the information in this leaflet may not be right for you. Please discuss with your healthcare professional.

Little and Often

- Eating smaller meals with snacks and nourishing drinks in between may be best for you
- Try having drinks separately from meals, as the liquid can fill you up
- Try having a pudding once or twice a day such as full fat yogurt, ice cream, cake, custard, rice pudding
- Snacks in between meals can help you to eat more each day

Snacks Ideas:
Sandwiches, fruit cake, nuts, Bombay mix, crisps, cereals, soups, yogurts, finger foods (e.g. sausage rolls, scotch eggs, samosas), toasted tea cakes with butter, crackers and cheese, toast + topping (e.g. beans, scrambled egg, butter), tinned fruit in syrup

Enriching your Food/Adding Extra Calories

- Choose full fat/full cream/with sugar foods rather than low fat/low sugar types eg. full fat yogurts, full cream milk
- Add cheese or ground nuts to soups, mashed potatoes, vegetables, pasta dishes, curries
- Use butter, mayonnaise, olive oil or salad cream in sandwiches, on potatoes, yams and salads
- Add extra butter,margarine or ghee to vegetables, scrambled eggs and bread
- Add cream or condensed milk to puddings
- Add sugar, jam, honey or milk powder to porridge, breakfast cereals or puddings
- Use cooking methods that add oil eg. frying and if you roast or grill then brush generously with oil. Healthier options include either polyunsaturated oils (eg. sunflower, soya, corn) and monounsaturated oils (e.g. olive, rapeseed)

NB: Vegan options (e.g. vegan cream, cheese, mayonnaise, spreads) are available. If you are following a vegan diet try to include a range of plant based protein sources in your diet (eg. tofu, beans, pulses, nuts)

- **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
In the Community

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**[1,2]
- **Dietary advice can only be effective if it is:**[2]
  - 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 (Updated 2017).

2. Holdoway et al. Managing Adult Malnutrition in the Community. 2021 https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf

Management strategies

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The Importance of Protein

A number of dietary strategies can be considered for patients who are at medium and high risk of malnutrition[1] 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

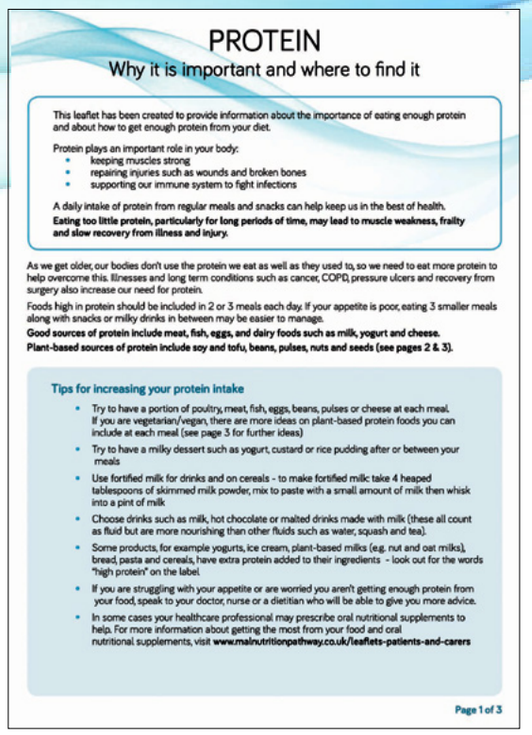
- **Patients should be encouraged to eat 3-4 portions of high protein foods per day**

  - for further information/ideas on protein see www.malnutritionpathway.co.uk/proteinfoods

- **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 for further information



PROTEIN

Why it is important and where to find it

This leaflet has been created to provide information about the importance of eating enough protein and about how to get enough protein from your diet.

Protein plays an important role in your body:

- keeping muscles strong
- repairing injuries such as wounds and broken bones
- supporting our immune system to fight infections

A daily intake of protein from regular meals and snacks can help keep us in the best of health.

Eating too little protein, particularly for long periods of time, may lead to muscle weakness, frailty and slow recovery from illness and injury.

As we get older, our bodies don't use the protein we eat as well as they used to, so we need to eat more protein to help overcome this. Illnesses and long term conditions such as cancer, COPD, pressure ulcers and recovery from surgery also increase our need for protein.

Foods high in protein should be included in 2 or 3 meals each day. If your appetite is poor, eating 3 smaller meals along with snacks or milky drinks in between may be easier to manage.

Good sources of protein include meat, fish, eggs, and dairy foods such as milk, yogurt and cheese.
Plant-based sources of protein include soy and tofu, beans, pulses, nuts and seeds (see pages 2 & 3).

Tips for increasing your protein intake

- Try to have a portion of poultry, meat, fish, eggs, beans, pulses or cheese at each meal. If you are vegetarian/vegan, there are more ideas on plant-based protein foods you can include at each meal (see page 3 for further ideas)
- Try to have a milky dessert such as yogurt, custard or rice pudding after or between your meals
- Use fortified milk for drinks and on cereals - to make fortified milk: take 4 heaped tablespoons of skimmed milk powder, mix to paste with a small amount of milk then whisk into a pint of milk
- Choose drinks such as milk, hot chocolate or malted drinks made with milk (these all count as fluid but are more nourishing than other fluids such as water, squash and tea).
- Some products, for example yoguris, ice cream, plant-based milks (e.g. nut and oat milks), bread, pasta and cereals, have extra protein added to their ingredients - look out for the words "high protein" on the label
- If you are struggling with your appetite or are worried you aren't getting enough protein from your food, speak to your doctor, nurse or a dietitian who will be able to give you more advice.
- In some cases your healthcare professional may prescribe oral nutritional supplements to help. For more information about getting the most from your food and oral nutritional supplements, visit **www.malnutritionpathway.co.uk/leaflets-patients-and-carers**

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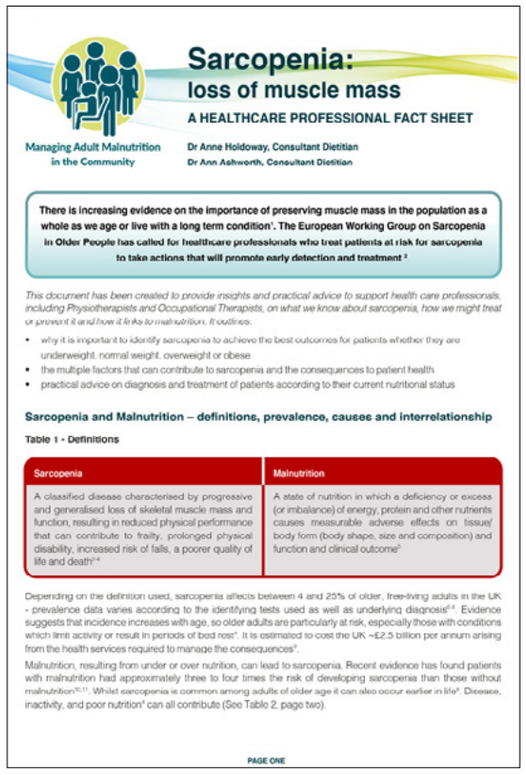

Sarcopenia:
loss of muscle mass
A HEALTHCARE PROFESSIONAL FACT SHEET

Managing Adult Malnutrition in the Community

Dr Anne Holdoway, Consultant Dietitian
Dr Ann Ashworth, Consultant Dietitian

There is increasing evidence on the importance of preserving muscle mass in the population as a whole as we age or live with a long term condition[1]. The European Working Group on Sarcopenia in Older People has called for healthcare professionals who treat patients at risk for sarcopenia to take actions that will promote early detection and treatment [2]

This document has been created to provide insights and practical advice to support health care professionals, including Physiotherapists and Occupational Therapists, on what we know about sarcopenia, how we might treat or prevent it and how it links to malnutrition. It outlines:

- why it is important to identify sarcopenia to achieve the best outcomes for patients whether they are underweight, normal weight, overweight or obese
- the multiple factors that can contribute to sarcopenia and the consequences to patient health
- practical advice on diagnosis and treatment of patients according to their current nutritional status

Sarcopenia and Malnutrition – definitions, prevalence, causes and interrelationship

Table 1 - Definitions

Sarcopenia	Malnutrition
A classified disease characterised by progressive and generalised loss of skeletal muscle mass and function, resulting in reduced physical performance that can contribute to frailty, prolonged physical disability, increased risk of falls, a poorer quality of life and death[3,4]	A state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function and clinical outcome[5]

Depending on the definition used, sarcopenia affects between 4 and 25% of older, free-living adults in the UK - prevalence data varies according to the identifying tests used as well as underlying diagnosis[6,7]. Evidence suggests that incidence increases with age, so older adults are particularly at risk, especially those with conditions which limit activity or result in periods of bed rest[8]. It is estimated to cost the UK ~£2.5 billion per annum arising from the health services required to manage the consequences[9].

Malnutrition, resulting from under or over nutrition, can lead to sarcopenia. Recent evidence has found patients with malnutrition had approximately three to four times the risk of developing sarcopenia than those without malnutrition[10,11]. Whilst sarcopenia is common among adults of older age it can also occur earlier in life[6]. Disease, inactivity, and poor nutrition[6] can all contribute (See Table 2, page two).

PAGE ONE

Reference:
Holdoway et al. Managing Adult Malnutrition in the Community. 2021.

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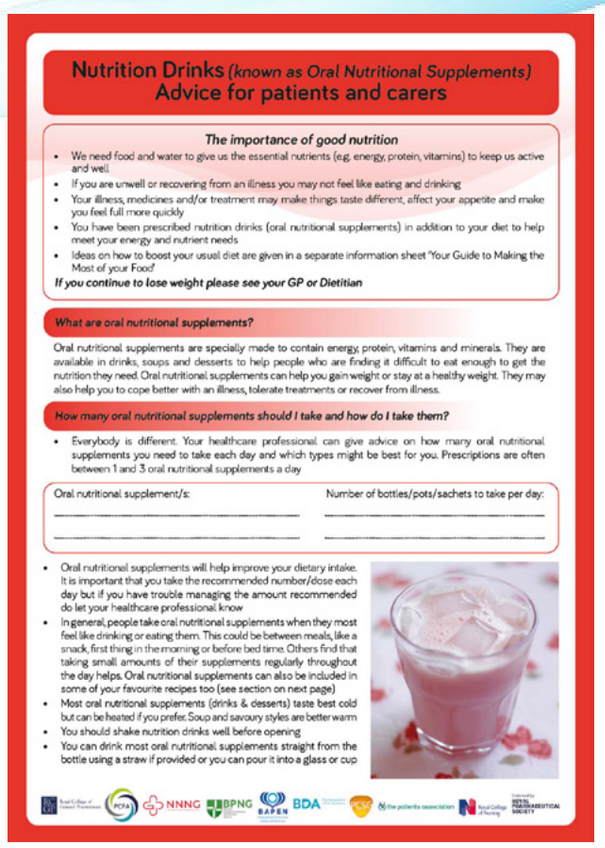
Managing malnutrition: Oral nutritional supplements (ONS) to optimise nutritional intake: for those at high risk


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 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 help 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 & desserts) taste best cold but can be heated if you prefer. 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

- **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**[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 (Updated 2017).
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.

Managing malnutrition: Oral nutritional supplements (ONS)

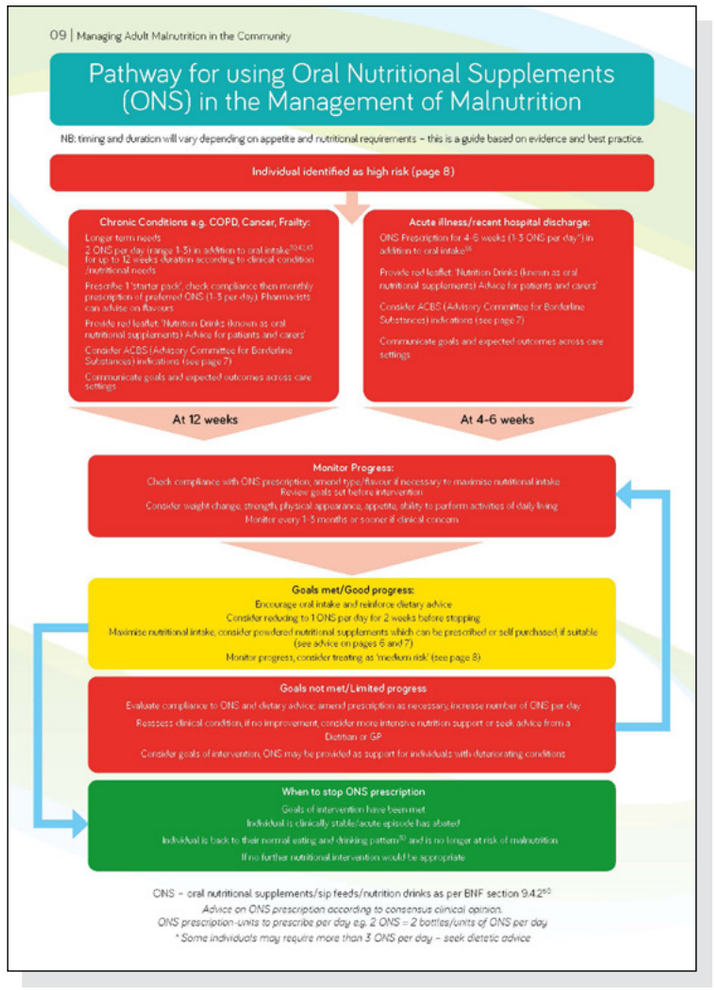
- **ONS varieties are available to meet individual needs and preferences**
  - Styles (milk, juice, yogurt, savoury),
  - Formats (liquid, powder, pudding, pre-thickened)
  - Types (high protein, fibre containing, low volume)
  - Energy densities (1 - 2.4 kcal/ml)
  - Flavours

- **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 complianceand 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

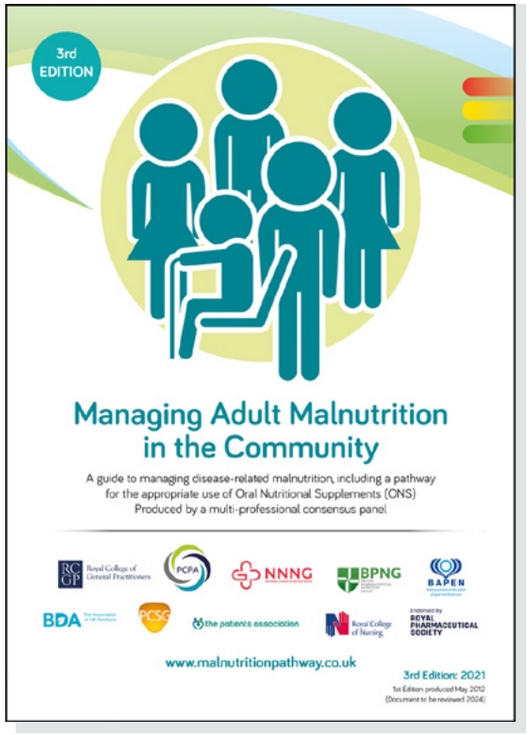
- **ONS should be used in accordance with their indications for prescribing only:**
  - e.g. for the dietary management of disease related malnutrition
- **ACBS approved indications for ONS can be viewed online at www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff**
- **Refer 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:

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

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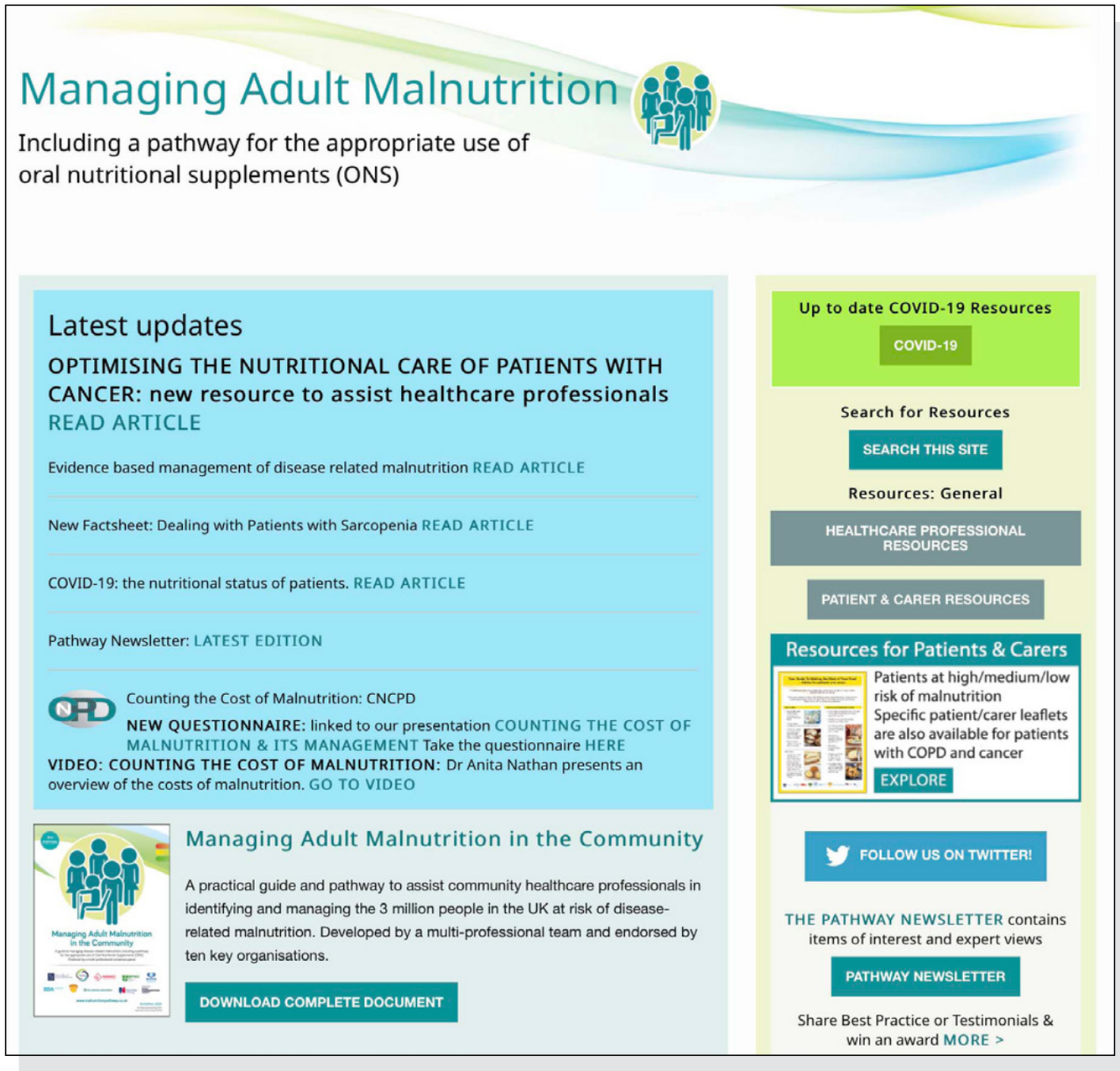
www.malnutritionpathway.co.uk



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

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

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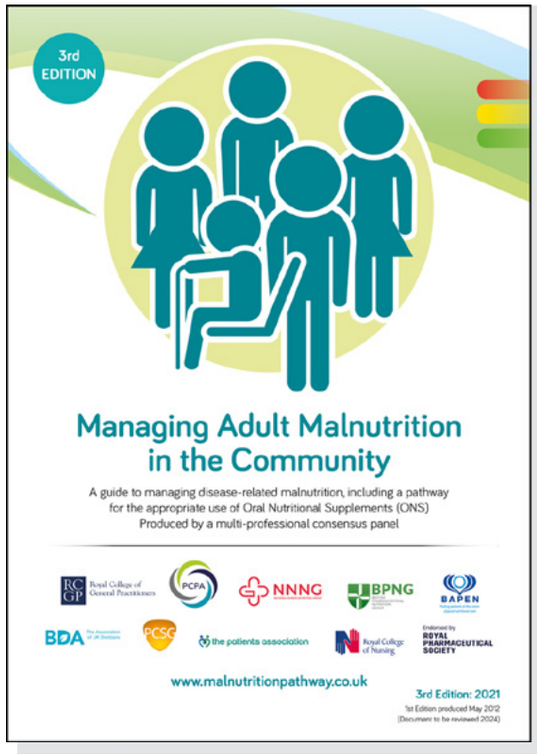
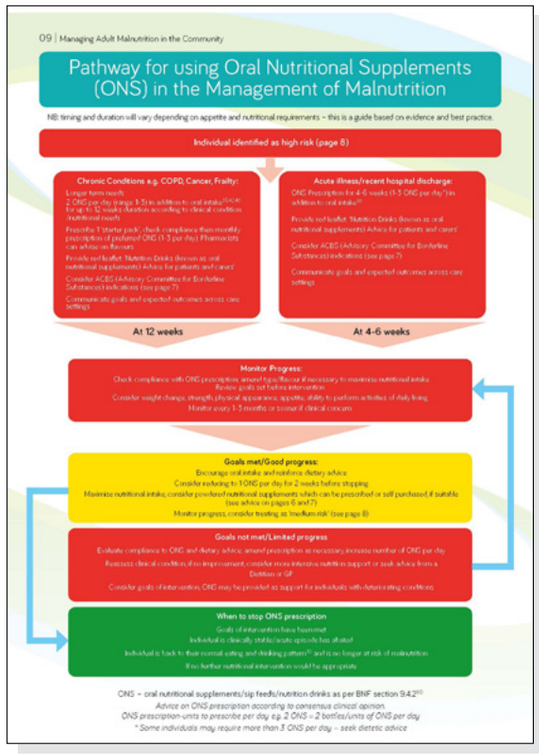
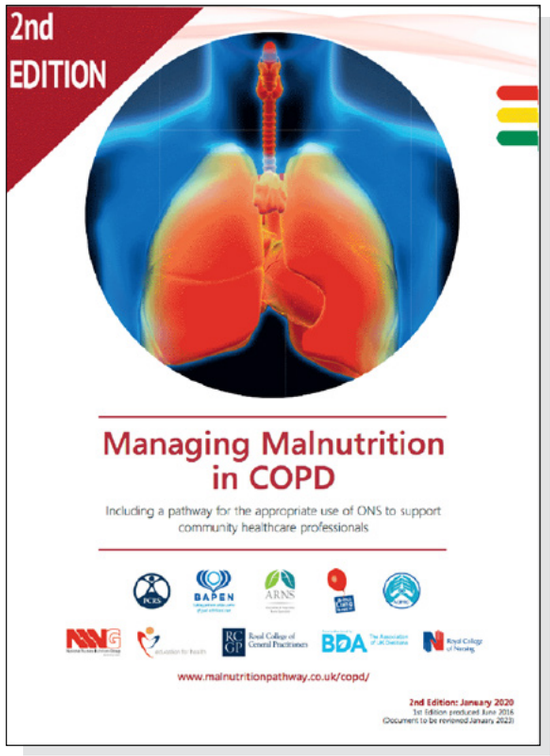
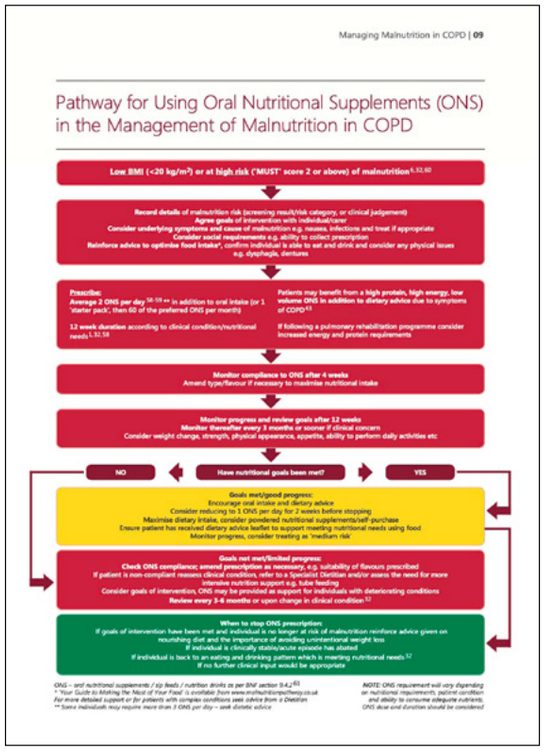
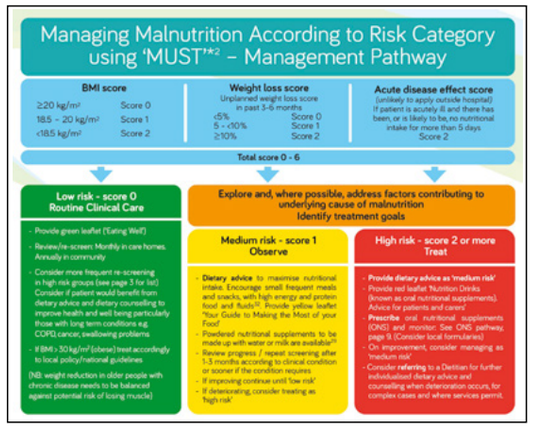


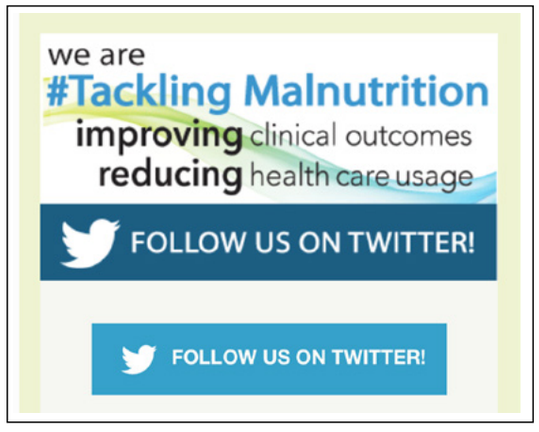


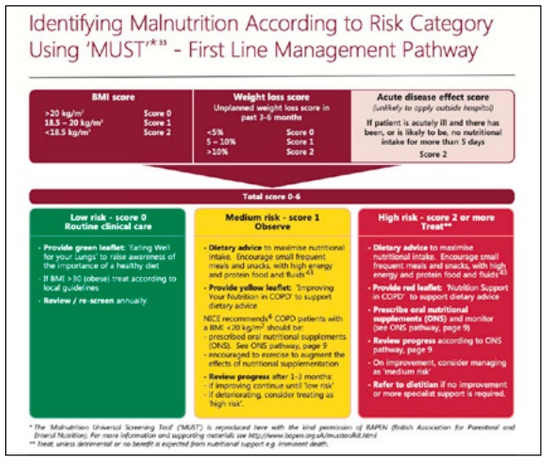
Managing Malnutrition in COPD







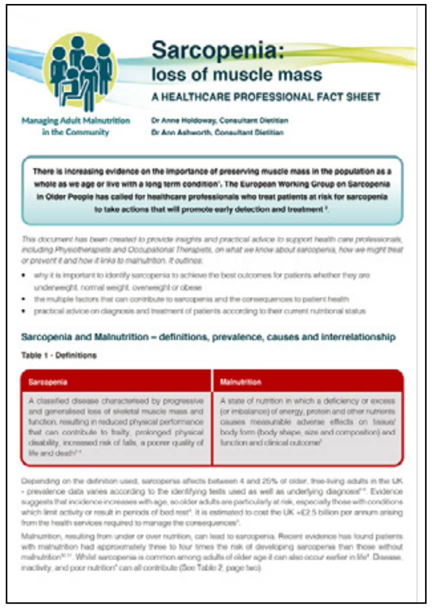




Resources available for healthcare professionals on www.malnutritionpathway.co.uk

Managing Malnutrition In the Community

Factsheets



Top Ten Tips

TIP SHEETS FOR HEALTHCARE PROFESSIONALS: IMPLEMENTING THE PATHWAY

DIETITIANS: TEN TOP TIPS on actions Dietitians might consider in order to implement the use of the malnutrition pathway in their area and engage stakeholders and community healthcare professionals in the identification and treatment of malnutrition.

DOWNLOAD

GPs: TEN TOP TIPS on how GPs might incorporate malnutrition screening and treatment into their everyday activities particularly in high risk groups.

DOWNLOAD

PHARMACISTS: TEN TOP TIPS on time and resource efficient actions that Pharmacists might consider in order to ensure patients with malnutrition are identified and treated. Tips separated into those specific to Community Pharmacists and those for Pharmacists in GP Surgeries.

DOWNLOAD

NURSES: TEN TOP TIPS for Nurses on integrating nutritional screening and care into their current practice and how they might engage with other key stakeholders to implement the malnutrition pathway.

DOWNLOAD

CARE HOMES: TEN TOP TIPS for those working in care homes on the identification and management of malnutrition, including the implementation of care plans and engagement with other care home personnel to create an environment that prevents malnutrition.

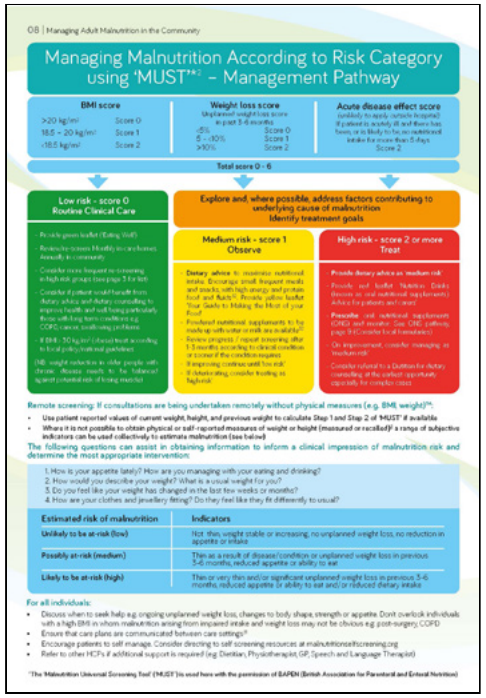
DOWNLOAD

Healthcare Professionals

Useful nutritional and dietary resources are available for the following sectors:

DIETITIANS | GENERAL PRACTITIONERS | NURSES | PHARMACISTS | SPEECH & LANGUAGE THERAPISTS

Posters



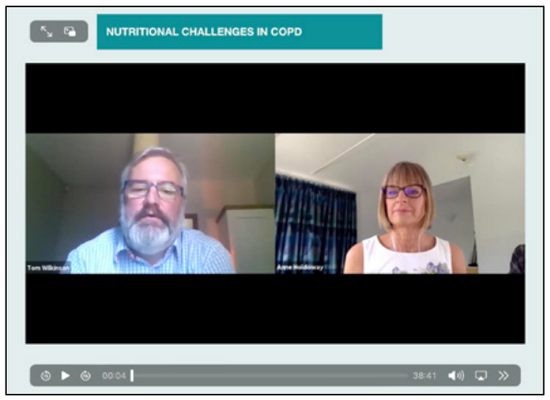
Newsletters

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

Managing Malnutrition
In the Community

Online interactive resources:

Videos, webinars & podcasts



Podcasts

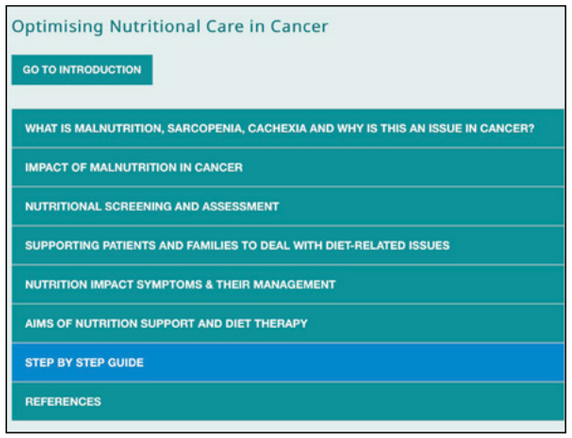
Identifying and Managing Patients with Malnutrition

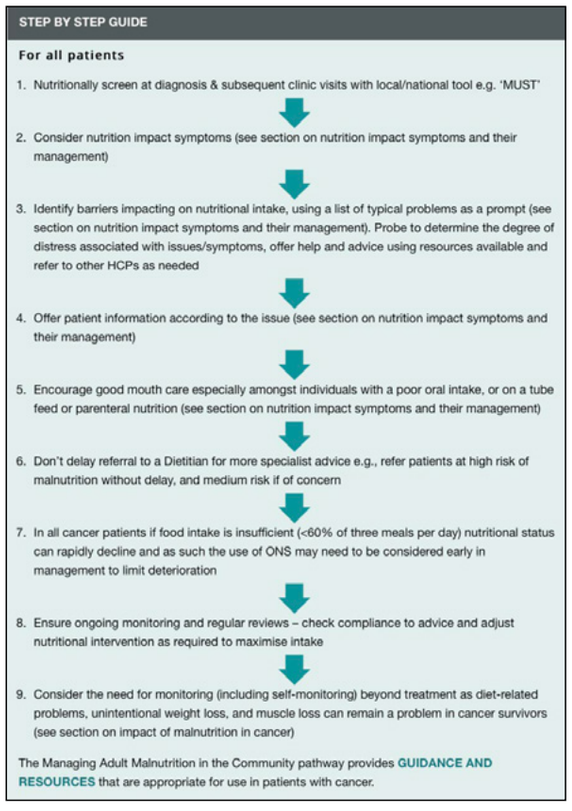
Sam Cudby, Practice Pharmacist and Anne Holdoway, Consultant Dietitian are joined by Primary Care Pharmacists Association Chair Dr Graham Stretch to discuss the nutritional issues experienced by frail and older people with long term conditions and illness and how nutritional care can aid recovery from infections and improve outcomes. This podcast includes particular reference to management of patients during the COVID-19 pandemic.

Cases in Malnutrition Podcast

Dr Graham Stretch, Chair of the Primary Care Pharmacists Association, Sam Cudby, Practice Pharmacist, and Anne Holdoway, Consultant Dietitian use case based discussions to show how nutrition can be integrated into the practice pharmacist assessment, including in remote consultations, and how multi-disciplinary working in this field can impact patient centred outcomes.

Cancer





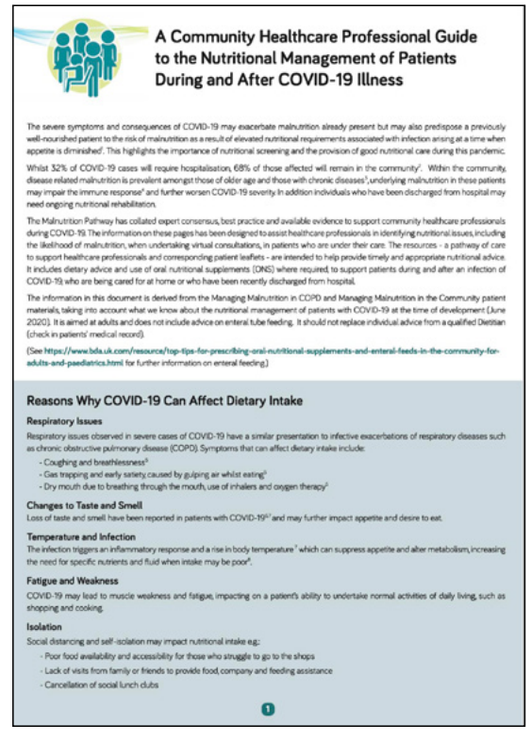
STEP BY STEP GUIDE

For all patients

1. Nutritionally screen at diagnosis & subsequent clinic visits with local/national 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 issues/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 feed 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 if of concern
7. In all cancer patients if food intake is insufficient (<60% of three 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 maximise intake
9. Consider the need for monitoring (including self-monitoring) beyond treatment as diet-related problems, unintentional 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



A Community Healthcare Professional Guide to the Nutritional Management of Patients During and After COVID-19 Illness

The severe symptoms and consequences of COVID-19 may exacerbate malnutrition already present but may also predispose a previously well-nourished patient to the risk of malnutrition as a result of elevated nutritional requirements associated with infection arising at a time when appetite is diminished[1]. This highlights the importance of nutritional screening and the provision of good nutritional care during this pandemic.

Whilst 32% of COVID-19 cases will require hospitalisation, 68% of those affected will remain in the community[2]. Within the community, disease related malnutrition is prevalent amongst those of older age and those with chronic diseases[3],underlying malnutrition in these patients may impair the immune response[4] and further worsen COVID-19 severity.In addition individuals who have been discharged from hospital may need ongoing nutritional rehabilitation.

The Malnutrition Pathway has collated expert consensus, best practice and available evidence to support community healthcare professionals during COVID-19.The information on these pages has been designed to assist healthcare professionals in identifying nutritional issues,including the likelihood of malnutrition, when undertaking virtual consultations, in patients who are under their care. The resources - a pathway of care to support healthcare professionals and corresponding patient leaflets - are intended to help provide timely and appropriate nutritional advice. It includes dietary advice and use of oral nutritional supplements (ONS) where required, to support patients during and after an infection of COVID-19 who are being cared for at home or who have been recently discharged from hospital.

The information in this document is derived from the Managing Malnutrition in COPD and Managing Malnutrition in the Community patient materials, taking into account what we know about the nutritional management of patients with COVID-19 at the time of development (June 2020). It is aimed at adults and does not include advice on enteral tube feeding. It should not replace individual advice from a qualified Dietitian (check in patients' medical record).

(See https://www.bda.uk.com/resource/top-tips-for-prescribing-oral-nutritional-supplements-and-enteral-feeds-in-the-community-for-adults-and-paediatrics.html for further information on enteral feeding.)

Reasons Why COVID-19 Can Affect Dietary Intake

Respiratory Issues

Respiratory issues observed in severe cases of COVID-19 have a similar presentation to infective exacerbations of respiratory diseases such as chronic obstructive pulmonary disease (COPD).Symptoms that can affect dietary intake include:

- Coughing and breathlessness[5]
- Gas trapping and early satiety, caused by gulping air whilst eating[5]
- Dry mouth due to breathing through the mouth, use of inhalers and oxygen therapy[5]

Changes to Taste and Smell

Loss of taste and smell have been reported in patients with COVID-19[6,7] and may further impact appetite and desire to eat.

Temperature and Infection

The infection triggers an inflammatory response and a rise in body temperature[7] which can suppress appetite and alter metabolism,increasing the need for specific nutrients and fluid when intake may be poor[8].

Fatigue and Weakness

COVID-19 may lead to muscle weakness and fatigue, impacting on a patient's ability to undertake normal activities of daily living, such as shopping and cooking.

Isolation

Social distancing and self-isolation may impact nutritional intake e.g.:

- Poor food availability and accessibility for those who struggle to go to the shops
- Lack of visits from family or friends to provide food, company and feeding assistance
- Cancellation of social lunch clubs

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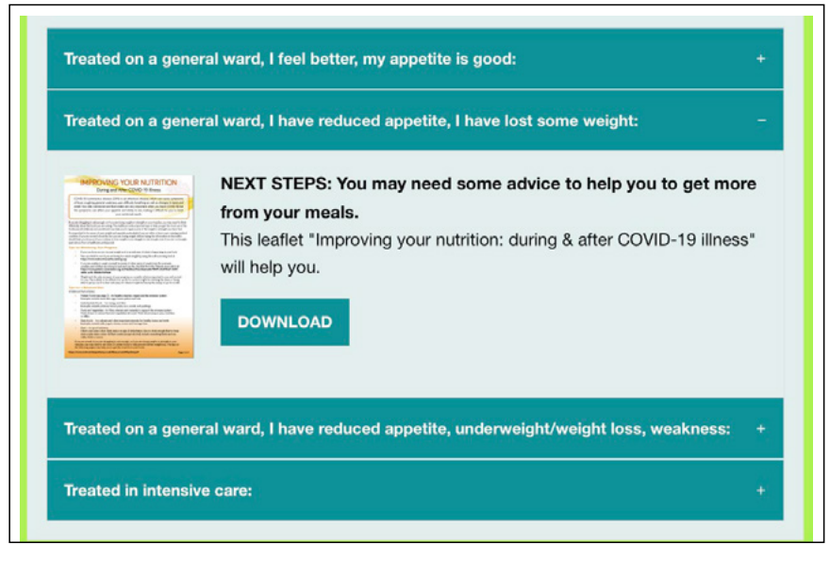
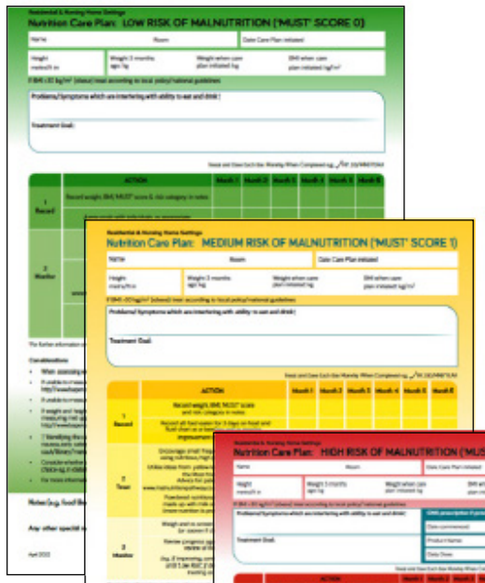


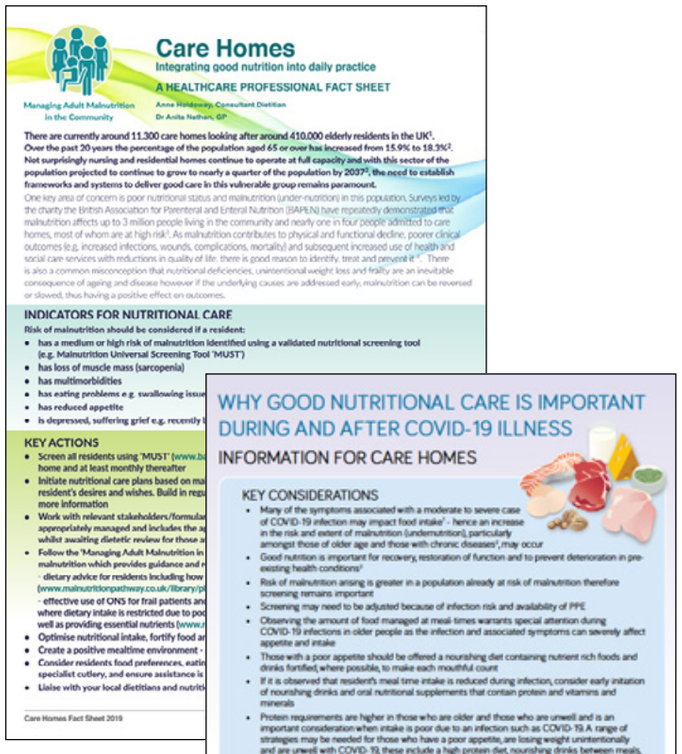
Managing Malnutrition
In the Community

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

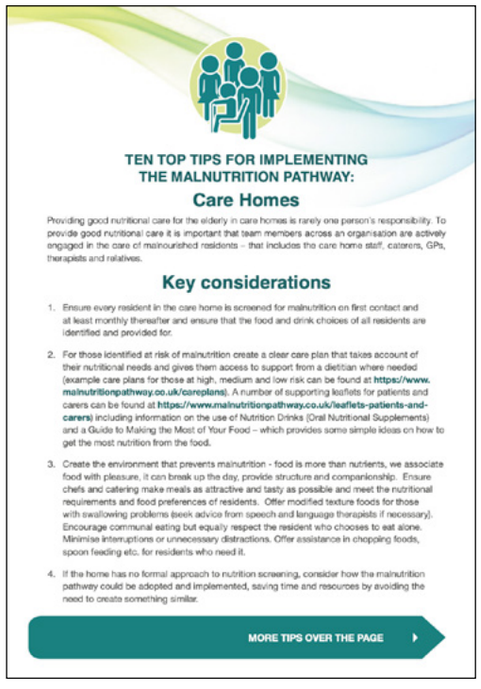
Care plans

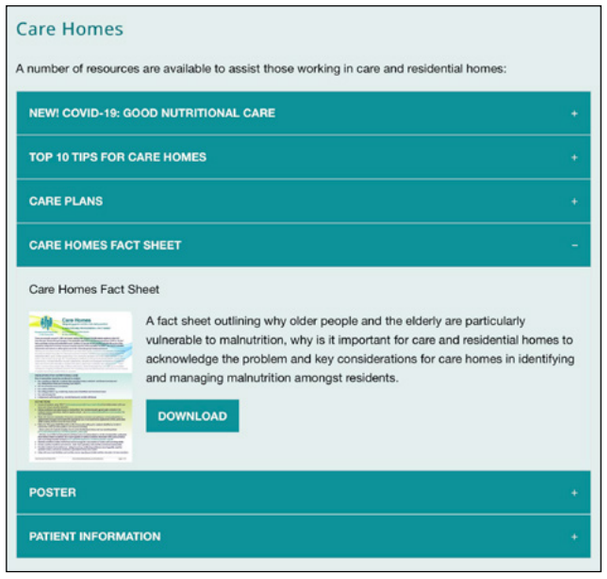


Fact sheets



Ten top tips



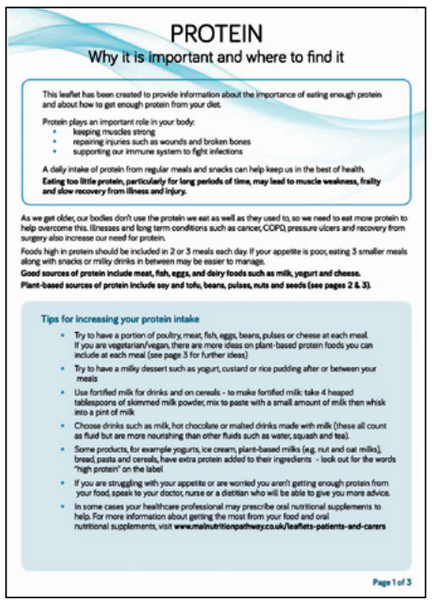


Resources available for patients and carers on www.malnutritionpathway.co.uk

Managing Malnutrition
In the Community

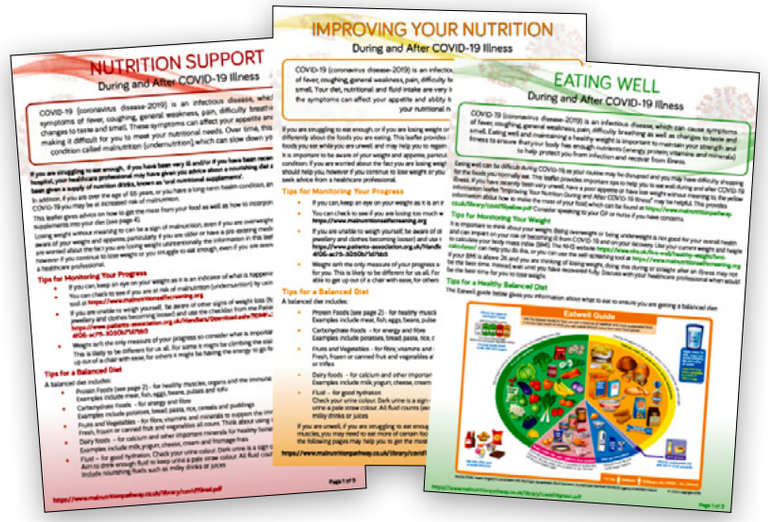
Leaflets for those at risk of malnutrition

Advice on adding protein to the diet



Leaflets offering advice on nutrition impact symptoms

Disease specific resources: Covid-19



Disease specific resources: COPD