

# The Pathway

## Making Malnutrition Matter

malnutritionpathway.co.uk

Autumn 2019

### New resources from the Malnutrition Pathway

Further to the recent update of the 'Managing Adult Malnutrition in the Community' guideline document and patient leaflets, we have developed a number of new materials to assist healthcare professionals in identifying and treating malnutrition. The new resources include a range of fact sheets and PowerPoint presentations for use in educating other professionals, plus a series of 'top ten tips' for implementing the malnutrition pathway designed for specific professional groups:

#### New Fact Sheets

- Dysphagia** - an A4 eight page fact sheet compiled by Anita Smith, Consultant/Professional Lead Speech and Language Therapist and Anne Holdoway, Consultant Dietitian. This fact sheet includes information on the causes, prevalence and clinical consequences of dysphagia. It includes tips on optimising the diet of individuals with dysphagia including how to identify those who are at risk of malnutrition. A succinct overview of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework for texture modification is included as an easy reference guide. <https://www.malnutritionpathway.co.uk/dysphagia.pdf>
- Falls** - every year more than 1 in 3 people over 65 suffer from a fall<sup>1</sup>. With nutritional status being an independent predictor of falls in older people in the community<sup>2</sup> and improvement in nutritional status

**Dysphagia**  
A HEALTHCARE PROFESSIONAL FACT SHEET  
Anita Smith, Consultant Dietitian  
Anita Smith, Consultant/Professional Lead Speech & Language Therapist

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

**There are two types of dysphagia:**

1. **Oral dysphagia:** difficulties in considering due to problems in the mouth or throat.
2. **Oesophageal dysphagia:** difficulties in swallowing due to problems in the oesophagus.

Dysphagia can be temporary, resolving through rehabilitation, or it can be chronic and persist throughout a person's lifetime.

The management of dysphagia often requires input from different members of the healthcare team, including but not limited to Speech and Language Therapists, Dietitians, DENT, Nursing and Gastroenterology, depending on the underlying cause.

**Consider dysphagia if patient has:**

- One of the following issues:
  - Recurrent problems swallowing certain foods
  - Recurrent problems swallowing all of their food
  - Choking or coughing when eating or drinking
  - Bringing food back up, sometimes through the nose
  - The sensation that food is stuck in the throat or chest
  - Frequent throat clearing
  - Persistent dry mouth
  - Increased oral infections
  - A change in eating habits e.g. eating slowly or avoiding certain foods
- Unexplained weight changes e.g. likely to be malnourished
- Significant nutritional deficiencies

**CLINICAL CONSEQUENCES:** Dysphagia can lead to:

- Aspiration pneumonia\*
- Increased risk of aspiration results in a number of serious consequences, including chest infections, aspiration pneumonia and increased incidence of mortality\*\*
- Dehydration\*
- 50-75% of dysphagic patients suffer from dehydration\*\*
- Weight loss\*
- 61% of people with dysphagia are at risk of malnutrition\*\*
- Malnutrition\*
- The severity of dysphagia is associated with increased malnutrition\*\*

Increased hospital length of stay\* - Patients with dysphagia have a 40% increase in length of hospital stay

Reduced quality of life\*\* - Over 50% of head and neck cancer patients report a decrease in their quality of life due to dysphagia

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

Dysphagia fact sheet 2019 | www.malnutritionpathway.co.uk/dysphagia.pdf | page 1 of 8

**Falls Fact Sheet**  
Integrating nutrition into falls pathways  
A HEALTHCARE PROFESSIONAL FACT SHEET  
Anne Holdoway, Consultant Dietitian  
Louise Nash, Frailty Dietitian

Older people are more vulnerable and likely to fall especially if a long term health condition is present or if they are frail. Every year more than 1 in 3 people over 65 suffer from a fall that can cause serious injury and even death. Nutritional status is an independent predictor of falls in older people in the community and improvement of nutritional status has been found to reduce falls risk.

Falls represent the most frequent and serious type of accident in people aged 65 years and older<sup>1</sup>. Falls and fractures in people aged 65 years and over account for over 4 million hospital bed days each year in England alone<sup>2</sup>. While 70,000 falls fractures annually across the UK, it is a leading cause of accident related mortality in older people<sup>3</sup>.

In the UK the cost of each individual fall has been estimated to be in excess of £1,500. Major falls require hospital admissions and cost in the region of £3,000 per episode<sup>4</sup>. As falls are estimated to cost the NHS an average £2.3 billion per year<sup>5</sup>, prevention is key.

**INDICATORS OF FALLS RISK**

- Weight loss and/or low BMI (at medium or high risk of malnutrition)<sup>6</sup>, indicating the need for good nutritional care
- Reduced muscle mass and strength<sup>7</sup>
- Dehydration<sup>8</sup>
- Low Vitamin D status<sup>9</sup>
- Delirium<sup>10</sup>
- Low blood pressure, weakness and/or dizziness (including that associated with medication)<sup>11</sup>
- Infections - including a bladder urinary tract or chest infection<sup>12</sup>
- Dehydration and/or dizziness<sup>13</sup>
- Hypoglycaemia<sup>14</sup>
- Extrinsic factors e.g. poorly fitting footwear, walking on uneven paving
- Physiological conditions associated with ageing e.g. natural deterioration in night vision which make it difficult to see and step over potential hazards

All risk groups can include those with frailty, neurological conditions, dementia and multi-morbidities.

**KEY ACTIONS**

- Review falls and frailty pathways to ensure they consider nutrition and hydration, the identification and management of malnutrition and indicators of falls risk (see above)
- Assess the nutrition and hydration needs of your patients at risk of falls, ensure they are consuming enough of each and that their needs are met and you have processes in place to monitor food and fluid intake
- Initiate nutritional screening using a validated tool such as the Malnutrition Universal Screening Tool (MUST) at all clinics, frailty clinics, after discharge from hospital (<http://www.bapen.org.uk/pdfs/must/>)
- Where patients are identified as 'at risk' of malnutrition follow the 'Managing Adult Malnutrition in the Community' pathway which provides guidance and resources including:
  - dietary advice for patients including how to stretch (fortify) food choices and use nourishing drinks (where available) through their care (fortify (pdf), pdf)
  - effective use of oral nutritional supplements (ONS) for frail patients where dietary intake is restricted due to poor appetite or medical conditions ([www.malnutritionpathway.co.uk/dietary\\_guidance.pdf](http://www.malnutritionpathway.co.uk/dietary_guidance.pdf))
  - advice on oral nutritional supplements (ONS) for frail patients where dietary intake is restricted due to poor appetite or medical conditions ([www.malnutritionpathway.co.uk/dietary\\_guidance.pdf](http://www.malnutritionpathway.co.uk/dietary_guidance.pdf))
- Liaise with your local dietitians and nutrition team to explore the possibility of nutrition education for team members

Falls Fact Sheet 2019 | www.malnutritionpathway.co.uk/falls.pdf | page 1 of 4

**SAVE THE DATE FOR UK MALNUTRITION AWARENESS WEEK!**  
Join the conversation

**14 - 20th OCTOBER 2019**

UK MALNUTRITION AWARENESS WEEK

**Dysphagia**  
A HEALTHCARE PROFESSIONAL FACT SHEET  
Anita Smith, Consultant Dietitian  
Anita Smith, Consultant/Professional Lead Speech & Language Therapist

**Counting the Cost of Malnutrition and its Management**

**A Guide to Managing Adult Malnutrition in the Community**

### Note from the Editor

This issue is packed with information on all the new materials we have been developing over the past few months in collaboration with experts working with malnourished patients across the UK.

In response to requests from professionals, a range of new resources have been created with the aim of delivering easily accessible tools to help deliver the very best nutritional care. New resources include a number of 'top ten tips' fact sheets for different professionals, a guide to managing dysphagia, fact sheets on nutrition in falls and falls prevention and nutrition in care homes, plus PowerPoint presentations aimed at assisting professionals when making the case for malnutrition screening and treatment in their healthcare settings.

Keen to harness the great work going on up and down the country to ensure patients are identified and treated for malnutrition, I would like to thank all those who have been involved in the development of the new resources for sharing their knowledge with other professionals, in order to help raise awareness of malnutrition and encourage best practice across the UK.

The Malnutrition Pathway team continue to consistently engage with professionals at various events across the UK and we have included some updates on our recent activities in this newsletter. One interesting recent conversation has been in relation to enhancing inclusivity at mealtimes in residential homes. The National Development Team for Inclusion is keen to gain insights and engagement from professionals on this topic and I recently shared my own experiences from both a professional and personal perspective with the Lead, Peter Bates. I would encourage those of you involved in the care of patients in residential homes to input into this important work as they are keen to build recommendations on examples of good practice (see page 5).

This issue also highlights some research undertaken amongst GPs in Ireland. The initial phase of the project identified that a resource such as the Malnutrition Pathway would be of benefit for use in the education of GPs. The research in Ireland builds on similar research carried out in the UK in 2011 which was instrumental in creating the Malnutrition Pathway. It is somewhat reassuring that the resources are as relevant now as they were in 2011. We look forward to hearing more from the team in Ireland on incorporating the pathway into their educational resource.

**As always do let us know of all the great work that is going on to raise awareness of malnutrition. No matter how big or small a project, sharing and collaborating can make a significant difference.**



Anne Holdoway BSc RD FBDA

Registered Dietitian and Chair of the 'Managing Adult Malnutrition in the Community' panel'

Article continues on page two >

# New resources from the Malnutrition Pathway (continued)

a factor in reducing falls risk<sup>3</sup>, this fact sheet outlines key actions for implementing nutrition screening and assessment into falls pathways. The resource has been compiled by Louise Nash, Frailty Dietitian and Anne Holdoway, Consultant Dietitian. <https://www.malnutritionpathway.co.uk/falls.pdf>

- **Care Homes** – aimed at supporting the 11,300 care homes looking after around 410,000 residents in the UK<sup>4</sup>, this fact sheet outlines why older people and the elderly are particularly vulnerable to malnutrition, why it is important for homes to acknowledge the problem of malnutrition and key considerations to promote and deliver good nutritional care.

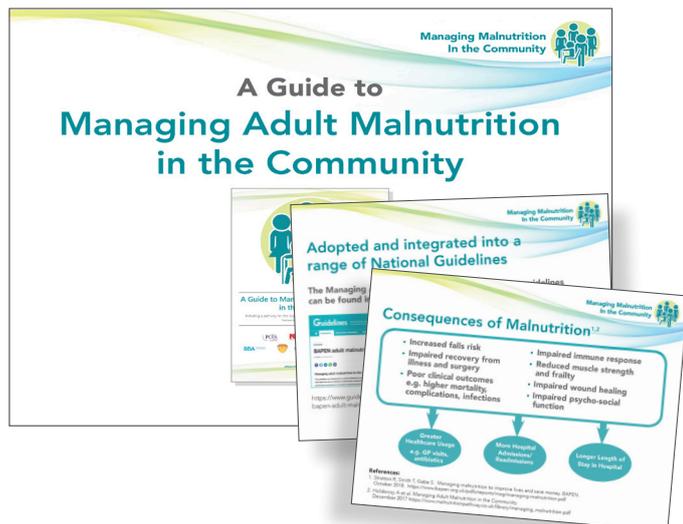


The resource has been compiled by Dr Anita Nathan, GP and Member of the GPs Interested in Nutrition Group in conjunction with Anne Holdoway, Consultant Dietitian. [https://www.malnutritionpathway.co.uk/care\\_homes.pdf](https://www.malnutritionpathway.co.uk/care_homes.pdf)

## PowerPoint Presentations

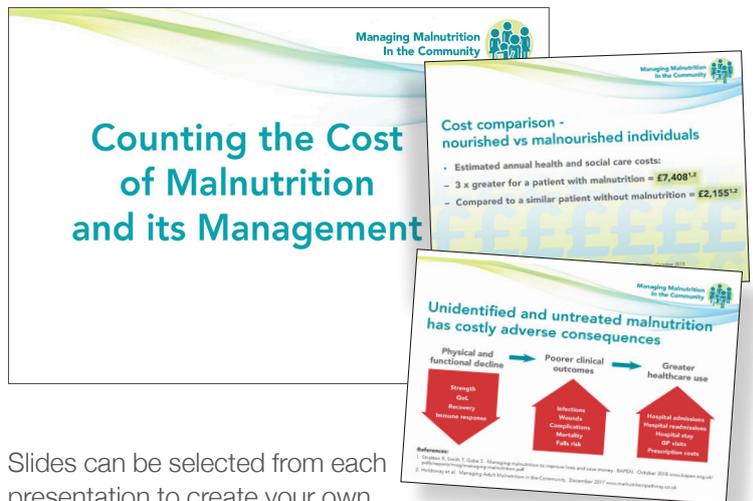
At popular request there are now two PowerPoint presentations on the website which have been designed to assist professionals in educating other healthcare professionals on malnutrition and assist in presenting a persuasive financial case to allocate resources and dedicate time, to identifying and treating malnutrition to subsequently reduce health and social care costs.

- **'A Guide to Managing Adult Malnutrition in the Community'** presentation gives an overview of the Managing Adult Malnutrition in the Community



guidelines. It includes referenced background information on the clinical and financial consequences of malnutrition as well as information on key national guidelines which focus on the identification and treatment of malnutrition.

- **'Counting the Cost of Malnutrition and its Management'** – focusing on the huge financial burden (>£23 billion per year) that malnutrition places on health and social care in the UK (with a breakdown for England, Ireland, Scotland and Wales), this presentation explores how we might reduce these costs and support NICE guidance through identification and timely management.



Slides can be selected from each presentation to create your own bespoke presentation.

<https://www.malnutritionpathway.co.uk/slides>

## Top Ten Tips Series

The 'top ten tips' series has been developed so that guidance on using the malnutrition pathway in practice can be focused according to specific professional groups. The series include guidance for:

**Dietitians:** including actions they might consider in order to implement the use of the malnutrition pathway in their area



### TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

#### Dietitians

Dietitians have an essential role in providing specialist nutritional assessment and advice to patients, empowering them to manage their own nutritional needs through devising tailored nutritional care plans and interventions. Dietitians also have a key role in educating and supporting other healthcare professionals to identify and manage the risk of malnutrition across all care settings including the community.

With a high prevalence of malnutrition and, in some areas, limited access to dietitians in the community, dietitians may be less able to see patients on an individual basis. They can however assist healthcare professionals in primary care to prevent and treat malnutrition by giving clear advice on discharge from hospitals regarding the on-going management of malnourished patients, signposting colleagues and patients and carers to useful evidence-based resources, offering nutrition training and defining local criteria for referrals to dietitians. Such actions can assist GPs and community based healthcare professionals to not only continue nutritional care in the community but also initiate it.

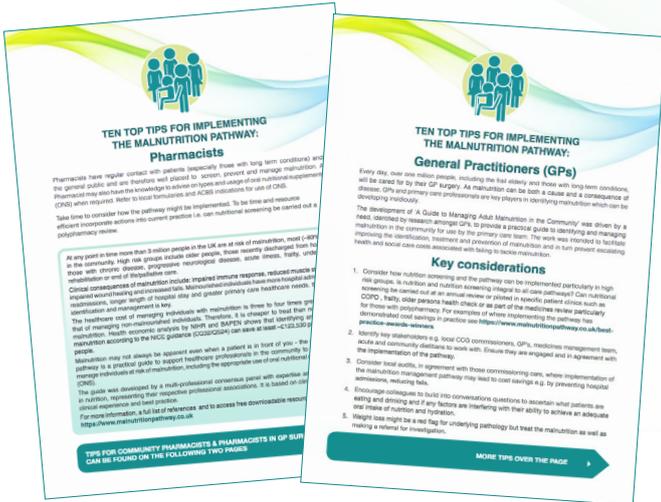
#### Key considerations

1. Take time to consider how the malnutrition pathway can be implemented in order to

and engage stakeholders and community healthcare professionals in the identification and treatment of malnutrition ([https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_dietitian.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_dietitian.pdf))

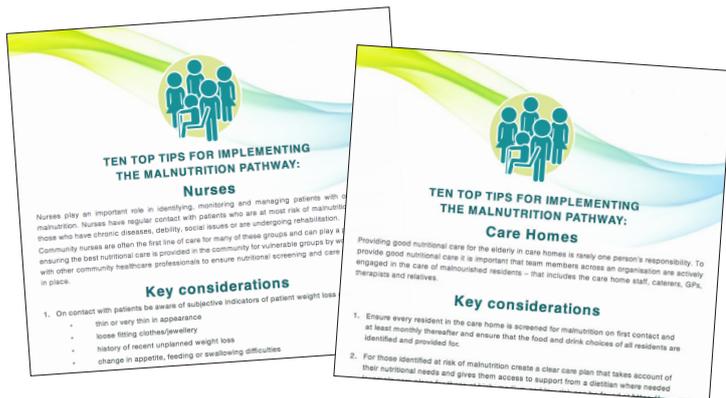
**GPs:** advising on how GPs might incorporate malnutrition screening and treatment into their everyday activities particularly in groups at 'high-risk' of malnutrition and taking action in those at 'medium' risk to prevent deterioration ([https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_gp.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_gp.pdf))

**Pharmacists:** this tip sheet suggests a range of time and resource efficient actions that Pharmacists might consider in order to ensure patients with malnutrition are identified and treated. Tips are separated into those



specific to Community Pharmacists and those specific to Pharmacists based in GP Surgeries ([https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_pharmacists.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_pharmacists.pdf))

• **Nurses:** features tips on the key role that nurses can play in integrating nutritional screening and care into current



practice and how nurses might engage with other key stakeholders to implement the malnutrition pathway ([https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_nurses.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_nurses.pdf))

• **Care homes:** aimed at all professionals working in care homes this tip sheet gives advice on identifying and managing malnutrition, including the creation of individualised care plans and engagement with other care home personnel to create an environment that prevents malnutrition ([https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_carehomes.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_carehomes.pdf))



## Website

The website also now includes specific sections dedicated to the resource and information needs for dietitians, GPs, nurses, pharmacists, speech and language therapists and patients and carers, enabling professionals, patients and carers to easily access materials that are most relevant to them (<https://www.malnutritionpathway.co.uk/healthcare-index>). A section has also been launched to specifically support those working in care homes and includes 'top ten tips' for care homes, the care homes fact sheet and example care plans for those at high, medium and low risk of malnutrition (<https://www.malnutritionpathway.co.uk/carehomes>)

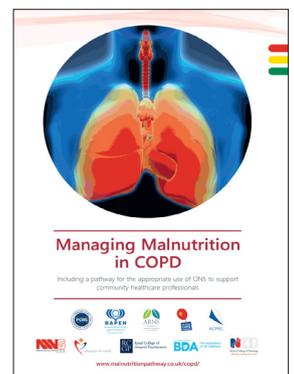
The 'Managing Adult Malnutrition in the Community' guide and pathway is being used across the UK and since its launch in June 2012 the [malnutritionpathway.co.uk](https://www.malnutritionpathway.co.uk) website has been visited by over 85,000 professionals, patients and carers. All of the resources can be downloaded for free from the website.

## References

1. Age UK. Stop Falling: Start Saving Lives and Money. 2010
2. Chien MH and Guo HR. Nutritional status and falls in community-dwelling older people: a longitudinal study of a population-based random sample. PLoS One. 2014. <https://www.ncbi.nlm.nih.gov/pubmed/24614184>
3. Neyens et al. Malnutrition is associated with an increased risk of falls and impaired activity in elderly patients in Dutch residential long-term care: A cross-sectional study. Archives of Gerontology and Geriatrics. 2013; 56(1): 265-269.
4. Care homes market study: summary of final report. 2017. <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/carehomes-market-study-summary-of-final-report>

## Managing Malnutrition in COPD – updated version coming soon!

We are currently working with a number of experts to update the Managing Malnutrition in COPD materials. Since its launch in June 2016 the COPD pages of the website ([www.malnutritionpathway.co.uk/COPD](http://www.malnutritionpathway.co.uk/COPD)) have been visited by over 12,000 patients and professionals, the materials have been used widely used across the UK and incorporated into pulmonary rehabilitation services in the community. We hope to have the final materials available later this Autumn and will update you in our next newsletter. Follow us on **Twitter @MNpathway** for further updates.



# Developing a Nutrition Nurse Service Across Acute and Community Settings



**Vikki-Rose Brown, Service Lead – Nutrition Nurse Service, Lewisham and Greenwich NHS Trust gives an update on an innovative new Nutrition Nurse Service functioning across acute and community settings**

In 2000, a Home Enteral Nutrition (HEN) Team set up, a community-based service that offered support across the boroughs of Lewisham, Greenwich and Southwark. The team involved Dietitians, a Speech and Language Therapist and Nutrition Nurse Specialists. Working predominantly in the community, the team also offered in-reach services to Lewisham Hospital where the Nutrition Nurses gave support to Practice Development Nurses in areas such as naso-gastric (NG) tube management.

Appreciating the value of Nutrition Nurses, the Dietetic Team had for some years been pushing to employ Nutrition Nurse Specialists within the hospital but without success. The launch of the NICE CG32<sup>1</sup> guidelines in 2006, which recommend that all acute hospital trusts should employ at least one specialist nutrition support nurse<sup>1</sup>, provided the opportunity to leverage support in the role of Nutrition Nurses and in conjunction with the support of one of the hospital's Consultant Gastroenterologists it was agreed that two new Nutrition Nurse Specialists would be employed in acute care working across the two large hospitals that most needed support.

As a consequence, two Band 7 Nutrition Nurses were funded by the hospital, in addition to the two Nutrition Nurses in post in the Community based HEN team (one band 7 and one band 6). It quickly became apparent that in order to offer safe, seamless and easy access to care, these two teams needed to work more closely together.

On 1st May 2018 a brand-new Nutrition Nurse Service that functions across both community and acute sectors was launched. Having worked with the HEN team sporadically over the years I had been at the Trust, I then became Service Lead for the Nutrition Nurse Service.

The Nutrition Nurse team sits within the AHPs directorate and works as part of a Multidisciplinary Team (MDT) with Dietitians,

Speech and Language Therapists and the Consultant Gastroenterologist. The acute based Nutrition Nurses are based in the dietetic office where they can get additional support and guidance if needed and the positive engagement between the nursing, dietetic and SLT teams maximises the effectiveness of roles. The team has an excellent mix of clinical skills and experience.

We now have a complex feeding MDT meeting on a weekly basis where we can discuss both the clinical and ethical aspects of tube feeding a patient. The right skills and expertise are in place to speak to, and work with, patients and their carers to ensure that they receive timely care and whilst the HEN team previously had no input into whether a patient had a tube fitted or not, they are now part of a collective decision-making process.

From the early days it was evident that bridging the gap between acute and community was not only going to be a more efficient and cost-effective way of working but it brought significant benefits to patient care. A rapid access pathway was put in place which meant that patients with tube issues, who would previously have had to present at A&E, could be supported before they got to the hospital and we are now able to deal with the majority of patients in ambulatory care reducing the pressures on A&E. If patients need to be admitted to hospital, the admission and discharge procedure is quicker and more seamless.

Six months after the service came into being, our NG tube audit showed improvements in every area of NG tube management. There is still much to do, and we are currently developing policies, procedures and guidance across the Trust and offering training and support for other healthcare professionals. As victims of our own success, through the hospitals seeing the benefit of our work, demands on our resource continue to increase but the return on investment can be justified. With the current move to Primary Care Networks (PCNs) and the move to have greater joint acute and community sector working, I hope we will see replication of such services across the UK.

## References

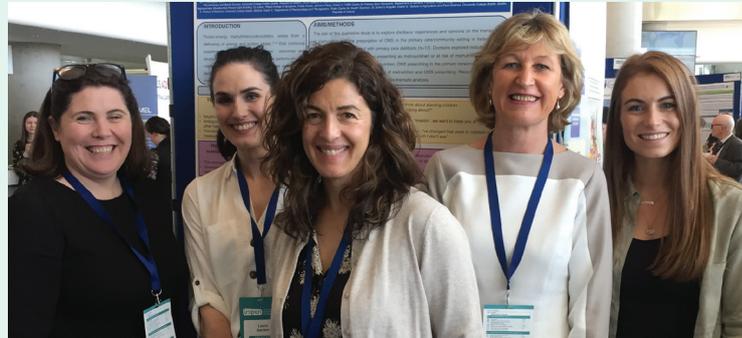
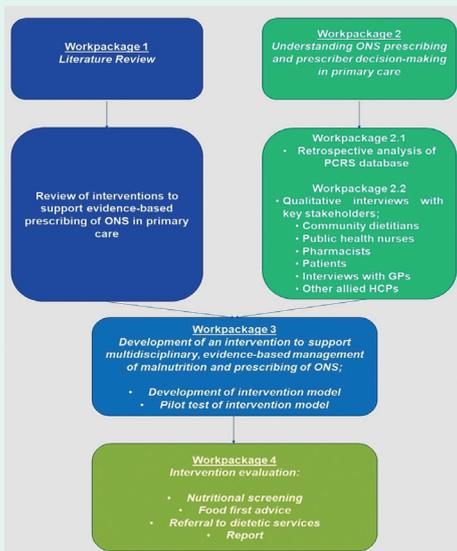
1. National Institute of Health and Care Excellence (NICE). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.

## Incorporating Nutrition Screening in Electronic Pathways

BAPEN's Malnutrition Action Group (MAG) recently carried out a nationally representative, on-line survey to assess the use of the Malnutrition Universal Screening Tool ('MUST') in electronic patient records in primary care. The data will be presented at BAPEN in Belfast but the survey suggests that the process for screening with 'MUST' could be made easier, and potentially simpler and more accurate if a fully automated electronic version of 'MUST' was embedded into electronic systems. Further to this research the Malnutrition Pathway team is working in collaboration with BAPEN and the BDA to pilot the integration of nutrition into pathways for frailty in the community. We will update you in our next newsletter on our progress with this exciting project.

# Oral Nutritional Supplement (ONS) Prescribing Project, Ireland (ONSPres)

The ONSPres project is an initiative to improve the management of malnutrition and promote appropriate prescribing of ONS in primary care in Ireland. The project is funded by the Irish Health Research Board (HRB) and has received ethical approval from University College Dublin and the Irish College of General Practitioners. The aim of the project is to investigate clinical, social and other factors that influence malnutrition management and ONS prescribing by Irish general practitioners (GPs) and other healthcare professionals. The project results aim to inform the development of a multidisciplinary intervention to support evidence-based, patient-centred malnutrition management and ONS prescribing.



Left to right: Professor Eileen Gibney, Ms Laura Bardon, Dr Patricia Dominguez Castro, Professor Clare Corish and Dr Ciara Reynolds.

Figure 1: outlines the activities carried out as part of the research.

**NB.** PCRS; Primary Care Reimbursement Service: the PCRS is part of the Health Service Executive, and is responsible for making payments to healthcare professionals, like GPs, dentists and pharmacists, for the free or reduced costs services they provide to the public. This database contains details of the doctors who wrote the prescription and the patients who are prescribed medication and ONS on the medical card.

## Project Structure

Qualitative research carried by the ONSPres team found that GPs are unfamiliar with how to screen for malnutrition and, once identified, they are unsure how to treat malnutrition, particularly when it comes to the prescription of ONS. Preliminary results from the qualitative interviews with GPs (n=16), identified three main themes:

- 1. Malnutrition is a secondary concern**, encapsulating the idea that malnutrition is not something that GPs screen for in isolation. Hence, malnutrition was not seen as a separate entity, but associated with or as a result of a disease process and/or social situations. GPs screened for malnutrition on an ad-hoc basis depending on the patients' co-morbidities. GPs with a large proportion of elderly patients reported screening for malnutrition regularly as they identified this group as 'high-risk' due to social factors such as being unable to cook or do their shopping. They perceived being overweight and obesity as a greater nutritional problem in their clinical practice and reported that there were more resources and services available to treat overweight and obese patients as opposed to those who were malnourished or at risk of malnutrition.
- 2. Resources and support for managing malnutrition are needed in the community.** Dietitians and community nurses were identified by the GPs as key stakeholders in the identification and management of patients at risk of malnutrition or who are already malnourished. GPs reported feeling very much alone in the treatment of malnutrition in the community as opposed to the hospital setting where responsibility is shared between a multidisciplinary team. They stated that their knowledge of ONS was limited and that there was often no clear nutrition plan when the patient was discharged from hospital, leaving them with no information as to how to proceed and, therefore, being more likely to take a passive approach and continue the prescription.

- 3. Reluctance to prescribe ONS** - most doctors were concerned that ONS would be used as a replacement for meals and were not aware of the benefits of a high protein, high calorie diet for malnourished patients – in fact, on some occasions, they referred to the healthy eating food pyramid as the advice to be provided. They were conscious of the cost of ONS to the Health Service Executive budget; however, some questioned whether they were under-prescribing ONS on certain occasions because of this. They also raised concerns about the misuse of ONS by patients with addiction problems and that elderly people may use them as a meal substitute.

The research identified that the use of the 'Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition' provides valuable details on how to set goals, initiate, review and change/discontinue ONS and fulfils the self-reported knowledge gap of the GPs interviewed in the qualitative phase of the study.

The Malnutrition Pathway team is currently supporting the ONSPres research team in incorporating the pathway into their materials.

## Inclusive Mealtimes

The Malnutrition Pathway team was recently contacted by the National Development Team for Inclusion which is keen to engage with organisations and professionals who work in residential homes in order that they can input into work they are carrying out on inclusive mealtimes. An inclusive meal happens when staff and residents sit down together and eat together, either in the home or out in the community. They would like to hear about both good and bad practices and the impact on residents. They are seeking examples and stories on how residential care settings include activities to create a supportive and inclusive environment at mealtimes to maximise the meal experience which is often a central feature of a resident's day. They are also seeking ideas that facilitate taking meals and snacks outside of the residential home for example on a trip out.

The team are concerned about the myriad of administrative and trust issues that commonly block meal-sharing and are keen to gather information on good practices that they can share. Further information on this work can be found at <http://peterbates.org.uk/wp-content/uploads/2019/07/1-Inclusive-mealtimes.pdf>

If you have information you would like to share with the team please email Peter Bates - [Peter.Bates@ndti.org.uk](mailto:Peter.Bates@ndti.org.uk)

# 5th Edition of the PENG Pocket Guide to Clinical Nutrition is Launched



- Danielle Judges, Research Assistant, Guy's and St Thomas' NHS Foundation Trust
- Clare Soulsby, Dietitian and Senior Lecturer, University of Chester
- Jo Cope, Nutrition Team Dietetic Lead, Aintree University Hospital NHS Foundation Trust
- Bruno Mafri, Lead Renal Dietitian, Nottingham University Hospitals NHS Trust

Other notable updates include practical nutritional considerations in the 'Acid-base balance' section, a complete literature review with critical appraisal in the 'Refeeding' section and amendments to the different methods to estimate requirements in the 'Critical Care' section.

The 5th edition has been edited by Bruno Mafri and Vera Todorovic, Consultant Dietitian.

Further information on the updated sections within the guide, including interviews with some of the key contributors, can be found at <https://www.peng.org.uk/publications-resources/pocket-guide-videos.php>

The updated guide costs £35 to PENG members, £55 to non-PENG BDA members and £70 to other healthcare professionals (plus postage).

**Details on how to order a copy of the guide are available at <https://www.peng.org.uk/publications-resources/pocket-guide.php>**

"The update of the guide has been an extensive process" says Bruno Mafri, author and one of the editors of the updated Pocket Guide to Clinical Nutrition. "The process of developing the guide has made me even more aware of the importance of critically appraising the current evidence and how to best implement this into day to day clinical practice. We have had a great response to the new guide and I would like to thank the authors, contributors and peer reviewers as well as the PENG group who have worked so hard to put it together. We have had requests to develop an electronic version and we are currently reviewing the practicalities of doing this."

The Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association (BDA) has recently launched the 5th Edition of its Pocket Guide to Clinical Nutrition. Extensively revised, reviewed and updated, the guide provides concise and evidence-based data to assist professionals in assessing, planning, treating and monitoring patients who require nutritional support.

The adult nutritional requirements section has undergone a substantial change compared to previous editions as a result of the authors carrying out five systematic reviews - this involved reviewing over 43,000 abstracts and 500 clinical papers. Previous estimations had been made using the Henry Equation which was originally designed for healthy populations and was adjusted with stress and activity factors for patients in the clinical setting. The new guide includes data on a wide range of clinical conditions. Data on estimating energy requirements are based on resting energy expenditure (REE) values identified in the literature in a range of conditions. Key contributors to the adult nutritional requirement section include:

- Dr Liz Weekes, Senior Consultant Dietitian, Guy's and St Thomas' NHS Foundation Trust and King's College London, Lead of the PENG Nutritional Requirements Guideline Group
- Dr Alison Culkin, Intestinal Failure Dietitian at St. Marks Hospital

## Eat Well Age Well



Eat Well Age Well is a national project from Scottish charity Food Train, which is focused on the issue of under-nourished older adults in Scotland.

Working with the public and professionals, Eat Well Age Well provide resources on understanding malnutrition, toolkits for screening and free training for anyone working, volunteering or caring for older adults.

A research study in partnership with the University of Glasgow is currently underway to explore the prevalence of malnutrition in Scotland, and their Small Ideas, Big Impact Fund grant scheme has, to date, funded 23 projects across Scotland to encourage local communities to test out their own ideas around older adults living well via food.

**For more information on Eat Well Age Well and their work visit <https://www.eatwellagewell.org.uk> or contact [hello@eatwellagewell.org.uk](mailto:hello@eatwellagewell.org.uk)**

# Conferences and events

## Malnutrition Awareness Week 14-20 October 2019



This year the Malnutrition Universal Screening tool 'MUST' celebrates its 16th birthday. During 'Malnutrition Awareness Week' the Malnutrition Action Group (MAG) of BAPEN, will be raising awareness of screening for malnutrition using 'MUST' across all health and social care settings.

They are encouraging professionals to participate in a national survey during the awareness week designed to gain insights and knowledge on nutrition services across the UK. The aim is to get as many people as possible across all settings (hospitals, care homes, mental health units, GP practices, patients own home, etc.) involved during the week. A simple electronic portal to capture the data will be available to all.

In addition to the screening activity, health professionals across the UK are being encouraged to run their own Malnutrition Awareness Week event. BAPEN and the Malnutrition Taskforce have developed a resource pack which includes tips on how to stage a local event and are encouraging professionals to share pictures of local events on social media using #MAW2019 to raise awareness.

You can register to take part and get further information on activities at <https://www.bapen.org.uk/malnutrition-undernutrition/combating-malnutrition/malnutrition-awareness-week>

"UK Malnutrition Awareness Week is about encouraging earlier identification of disease-related malnutrition in health and social care settings and raising awareness of the 'Malnutrition Universal Screening Tool' ('MUST') in clinical settings", says Dr Trevor Smith, BAPEN President. "We are also keen to increase use of our Malnutrition Self-Screening Tool within the community and amongst the general public. It is important that people have access to tools available to self-screen and know what they can do if concerned."

The Malnutrition Pathway team have 50 information packs to give away to support Malnutrition Awareness Week which includes:

- A copy of 'Managing Adult Malnutrition in the Community document'
- 2 A4 posters - Managing Malnutrition According To Risk Category Using 'MUST' Care Pathway and Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

- 20 copies of each of the following patient leaflets:
  - o Green leaflet: Eating well – Advice for patients and carers: for those at low risk of malnutrition
  - o Yellow leaflet: Your Guide to Making the Most of Your Food – Advice for patients and carers: for those at medium risk of malnutrition
  - o Red leaflet: Nutrition Drinks (known as Oral Nutritional Supplements) – Advice for patients and carers: for those at high risk of malnutrition
- 5 copies of each of the three malnutrition care plans for use with patients in residential and nursing home settings who are either at LOW, MEDIUM or HIGH RISK of malnutrition according to the 'Malnutrition Universal Screening Tool' ('MUST')

To apply for a pack simply fill in the form at <https://www.surveymonkey.co.uk/r/TJ5VS6C>

## MIMS Learning Live 28 June 2019 – London

### 'Managing Nutrition Across the Continuum of Care – Preventing Avoidable Harm'

Dr Anita Nathan and Anne Holdoway ran a case-based discussion looking at the dynamic, changing nutritional needs of patients as chronic disease progresses. They

outlined to the audience the clinical and financial consequences of malnutrition and sarcopenia and the effects on outcomes with particular reference to COPD, a disease where patients may begin their journey overweight but are at considerable risk of malnutrition and for which the consequences are significant if not managed appropriately.



## Royal College of General Practitioners (RCGP) Conference 24-26 October – Liverpool

Managing Adult Malnutrition in the Community will be exhibiting again at this year's RCGP conference. At the 2018 event we received great interest and feedback on our resources. This year we are working with Dr Trevor Smith, Chair of BAPEN, to deliver an educational session on malnutrition on Thursday 24th October. For further information on the programme visit <https://www.rcgpac.org.uk>

## British Association of Parenteral and Enteral Nutrition (BAPEN) 26-27 November – Belfast

The 2019 BAPEN conference will be held in Belfast. Topics on the agenda include COPD, Early Assessment of Intestinal Failure, Upper GI Cancer, Frailty and what we can learn from sports nutrition to transform nutritional support in disease. Visit [www.bapen.org.uk/resources-and-education/meetings/annual-conference](http://www.bapen.org.uk/resources-and-education/meetings/annual-conference) for more information

Follow us on Twitter [@MNpathway](https://twitter.com/MNpathway) we are **#TacklingMalnutrition** improving clinical outcomes reducing health care usage

