

THE Pathway

MAKING MALNUTRITION MATTER

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MALNUTRITION PATHWAY RESOURCES

NICE CLINICAL KNOWLEDGE SUMMARY ON ADULT MALNUTRITION

In February 2024 NICE launched a clinical knowledge summary (CKS) on Adult Malnutrition. As a national resource on the diagnosis and management of malnutrition in adults, we were delighted to see so many references to the Malnutrition Pathway resources.

Content was derived from the National Institute for Health and Care Excellence (NICE) clinical guideline 'Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition', the British Association for Parenteral and Enteral Nutrition (BAPEN) nutritional toolkit 'Malnutrition matters. Meeting quality standards in nutritional care', the Malnutrition Pathway publications 'Managing adult malnutrition in the community', 'Ten top tips for implementing the Malnutrition Pathway: GPs', and 'Managing malnutrition in COPD', as well as associated articles and expert opinion including those published by panel members of the Malnutrition Pathway.

The Malnutrition Pathway materials have been signposted throughout the summary. We hope that the publication of the CKS by NICE further emphasises the importance of identifying and tackling malnutrition in today's health and social care environments and enhances awareness amongst health and care communities of the importance of tackling malnutrition. [You can read the CKS here](#)



NOTE FROM THE EDITOR

Happy New Year and welcome to our latest issue of the Pathway newsletter.

2024 was another busy year for the Malnutrition Pathway team. Following the launch of the updated 'Managing Malnutrition in COPD' materials in late 2023 / early 2024, we worked with Swansea Bay University Health Board to translate the patient materials into Welsh to facilitate their adoption and use throughout Wales. We were also delighted to work with Medscape to ensure that the guidelines were updated on the eGuidelines website, which ensures they are available worldwide.

Frailty has become a hot topic in recent years. With annual costs to the NHS being estimated at a massive £5.8 billion and around 1.8 million people in the UK over 60 currently living with frailty, it is not surprising it has risen up the NHS agenda. Historically, frailty has been widely considered as an inevitable part of ageing, however it is now recognised that appropriate nutrition, in combination with exercise, can be an effective intervention to prevent frailty and slow progression. Responding to the growing need for resources on frailty to support and develop the knowledge amongst members of the health care team, we have been working with Dr Sanjay Suman, Consultant Geriatrician, to develop guidance focusing on the identification and treatment of frailty, malnutrition and sarcopenia. Available as an online resource or a downloadable pdf, it outlines the overlapping nature of the three syndromes, identification, management and the adoption of a person-centred approach to treatment and prevention. We have also recently developed and launched a complimentary patient information sheet. More information on these resources can be found on pages 2-3.

Another highlight of the year for us was NICE's publication of a clinical knowledge summary on adult malnutrition. We are delighted to see that the issue of malnutrition has been highlighted in this important publication and the Malnutrition Pathway evidence-based materials have been incorporated throughout.

We are looking forward to 2025 being another productive year and are currently working on a number of initiatives including an update of the Managing Adult Malnutrition in the Community document which we hope to have finalised by the middle of 2025. As always we welcome feedback from readers in relation to any of our materials, please do also share any activities that you have been involved in to improve the identification and management of malnutrition in your communities.

Our thanks to all those professionals who continue to work to ensure that disease-related malnutrition continues to be pushed up the healthcare agenda.



Anne

Dr Anne Holdaway DHealth BSc RD FBDA
Consultant Dietitian and Malnutrition Pathway Clinical Director

NICE National Institute for Health and Care Excellence

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Adult malnutrition

February 2024

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Diagnosis	Background information
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Supporting evidence	Complications
How this topic was developed	
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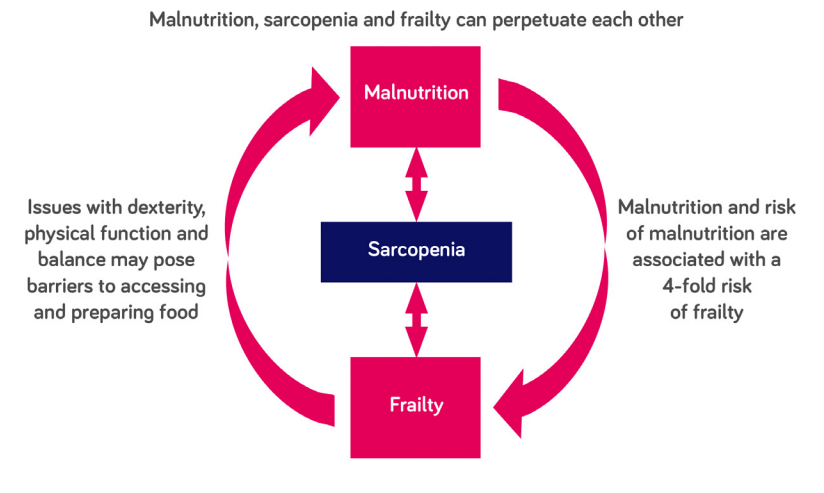
Adult malnutrition: Summary

- Malnutrition is a state in which a deficiency of nutrients such as energy, protein, vitamins, and minerals causes measurable adverse effects on body composition, function, or clinical outcome. It is both a cause and a consequence of ill health.

NEW ONLINE RESOURCE TO ASSIST HEALTHCARE PROFESSIONALS IN MANAGING THE OVERLAPPING SYNDROMES OF FRAILTY, SARCOPENIA AND MALNUTRITION

We are delighted to bring you news about our new online Malnutrition Pathway resource: www.malnutritionpathway.co.uk/frailty_guide, focusing on frailty and the syndromes sarcopenia and malnutrition, which often co-exist and contribute to frailty. ‘A Guide to Managing Frailty, Sarcopenia and Malnutrition’ has been written by Consultant Geriatrician Dr Sanjay Suman, and the Malnutrition Pathway Clinical Director and Consultant Dietitian Dr Anne Holdoway. It aims to assist health and care professionals to recognise the signs of frailty, sarcopenia and malnutrition and encourage action to identify and tackle nutritional issues that are contributing and could be addressed, with referral for further assessment if required.

There are an estimated 1.8 million people in the UK aged 60 and over living with frailty¹ and the prevalence is expected to rise as people live longer with multiple long-term conditions². With an annual cost to the NHS of around



£5.8 billion a year³ and a detrimental impact on an individual's well-being and quality of life, strategies to intervene early, to optimise nutrition and function, are a key component of prevention and treatment. Not surprisingly frailty is an NHS priority⁴.

Frailty, sarcopenia and malnutrition are overlapping syndromes, which can all perpetuate each other. Unintended weight loss, slow gait speed, low energy expenditure, self-reported exhaustion and poor grip strength are all phenotypically associated with frailty but are equally present in sarcopenia and in malnutrition⁵. Malnutrition plays a key role in the pathogenesis of sarcopenia and frailty and the prevalence of malnutrition increases with increasing severity of frailty⁶.

Frailty, sarcopenia and malnutrition are often wrongly considered to be an inevitable part of ageing, however all can respond to specific modalities such as nutrition, exercise and review of medicines⁷, a combination of muscle strength training and protein supplementation have been found to be the most effective intervention to delay or reverse frailty and the easiest to implement in primary care⁸. Protein quantity and quality are both important determinants in the capacity of protein to influence muscle health⁹ and the new resource outlines considerations for protein consumption whilst also highlighting the importance of exercise to enhance muscle synthesis and strength. In addition, attention is drawn to the role of Vitamin D , hydration, medicines management, social support, cognitive function, co-morbidity optimisation and falls and fragility fracture prevention.

'By failing to identify and treat frailty, sarcopenia and malnutrition we are placing individuals at risk of adverse outcomes' says Dr Sanjay Suman, Consultant Geriatrician. 'All health and social care professionals have the opportunity to assess frailty in those who are vulnerable. This new resource includes advice on simple clinical observations and muscle strength

DEFINITIONS

- **Frailty** – A state of vulnerability characterised by a loss of reserve across multiple organ systems
- **Sarcopenia** - A syndrome characterised by progressive and generalised loss of skeletal muscle mass and strength, resulting in reduced physical performance that can contribute to frailty, prolonged physical disability, increased risk of falls, a poorer quality of life and death
- **Malnutrition** – A deficiency of energy, protein and other nutrients that causes adverse effects on the body (shape, size and composition), the way it functions and clinical outcomes

FRAILTY PATIENT INFORMATION SHEET

A two-sided A4 patient and carer information sheet has been developed to compliment the professional guide. ‘What is Frailty and is there anything I can do to prevent or treat it?’ includes information for patients on carers on what frailty is and how it can affect everyday life. It includes some useful tips on what individuals can do to help themselves if they are frail or at risk of frailty.

A free copy of the information sheet (below) is available at www.malnutritionpathway.co.uk/library/frailty_patient_leaflet.pdf

The Malnutrition Pathway
WHAT IS FRAILTY AND IS THERE ANYTHING I CAN DO TO PREVENT OR TREAT IT?

- People with frailty are unable to bounce back from even relatively minor injuries, illnesses or changes in their personal circumstances, for example a fall, infection, adjusting to a new medication, constipation, or urinary retention
- As we age our bodies gradually lose their built-in reserves, making us less resilient. We often become more vulnerable to illnesses, less able to deal with illnesses when they arise, more likely to fall and in turn more dependent on others.
- Whilst frailty is more common older people, affecting 10% of people over the age of 65 and 50% of people over the age of 85, frailty can also occur earlier in life due to medical conditions or physical or mental health issues.
- As frailty increases, a person will become more vulnerable making small events such as a minor infection more difficult to recover from which in turn can have an increasingly negative impact on health and independence.
- The key to preventing frailty or reducing the risk, is to detect frailty as soon as possible, before it starts to cause problems and make small changes to slow the deterioration or lower the risk.

HOW DO I KNOW IF I AM FRAIL OR AT RISK OF BECOMING FRAIL?
Frailty is not always apparent and often people do not recognise themselves as frail. Characteristics of frailty can include weight loss, poor nutrition, hydration issues, fatigue, weakness, reduced physical activity or a general slowing down

People affected by frailty may experience one or more of the following:

- **unsteadiness on their feet** meaning they are more likely to fall
- **difficulty moving** around or getting up from a chair, issues with shopping, meal preparation and housework, lack of energy to complete a task and are increasing dependency on others
- **susceptibility to illness** and taking time to recover
- **side effects associated with medicines**, such as nausea, dizziness, constipation or diarrhoea, low mood

Members of the healthcare team are being encouraged to look out for frailty and assess the risk using a range of tools, but it can be missed. If you feel you, or a family member or a person you care for, is at risk of frailty, the first step is to make an appointment with the GP or health care team. They may carry out an initial assessment themselves or refer to another health care team or service for a more detailed assessment.

WHAT HAPPENS ONCE A PERSON IS IDENTIFIED AS FRAIL OR AT RISK OF FRAILTY?
You may be referred to a specialist team of professionals who can assess your health and wellbeing and develop a care plan that addresses issues of concern to you, your family and carers.

This team can be made up of several different professionals including physiotherapists, dietitians, nurses, social workers - who is involved will depend on the issues identified.

Depending on needs, a person with or at risk of frailty may:

- **receive advice on resistance exercises** or activity to help strengthen muscles
- **be given dietary advice** on a nourishing diet and foods to eat, taking into account any difficulties present in eating or preparing meals. If the person affected is underweight, has lost weight or has a poor appetite, nourishing drinks or snacks between meals may be encouraged and in some cases a prescription for high protein oral nutritional supplements is provided.
- **have a medication review** pharmacist to check and see if current medications are still needed or require changing to minimise side effects
- **meet with a social prescriber** or social worker or a volunteer to develop a support network and provide help if needed to continue everyday tasks including self-care, shopping and preparing food so that the person affected can continue to live as independently as possible

measurements that can be incorporated into consultations. Exercise and nutrition are the cornerstone of management of these conditions and there is increasing evidence that nutrition and movement have a positive effect on health outcomes.’

‘Timely interventions to improve an individual's nutritional and physical status can assist individuals in maintaining their body composition and function and slow or prevent frailty” says Dr Anne Holdoway, Consultant Dietitian and Chair of the Malnutrition Pathway panel. ‘It was a huge privilege to work alongside Dr Suman to create this new resource to support healthcare professionals to deliver a person-centred, holistic approach to treatment and prevention of frailty, sarcopenia and malnutrition.’

‘**A Guide to Managing Frailty, Sarcopenia and Malnutrition**’ is available free to access at www.malnutritionpathway.co.uk/frailty_guide and is available as an online resource or a downloadable pdf.

Our thanks to Abbot who supplied us with an unrestricted educational grant to develop the frailty resources.

References

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MANAGING MALNUTRITION IN COPD: UPDATED RESOURCES IN WELSH

Further to the launch of the third update of the Managing Malnutrition in COPD materials in the winter of 2023/24 we have worked with Swansea Bay University Health Board to translate the COPD patient materials into Welsh so that they could be used widely throughout Wales.

These are available free to download from our website:

GREEN LEAFLET

YELLOW LEAFLET

RED LEAFLET

Our thanks to Nutricia for its continued support of the Managing Malnutrition in COPD materials through an unrestricted educational grant.

Medscape **uk**

Search for news, guidelines, conditions etc.

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Guidelines SUMMARY FOR PRIMARY CARE

Managing Malnutrition in COPD

BAPEN, RCN, PCPA, Asthma + Lung UK, ARNS, PCRS, ACPRC, NNGG, and Education for Health | Updated 16 June 2024

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EDITOR'S RECOMMENDATIONS

Chronic Cough, Adults: Management
Evidence-based summary on diagnosing, assessing, and managing chronic cough in adults.
British Thoracic Society | 27 June 2024

Overview
This *Guidelines* summary covers recommendations for primary healthcare professionals on identifying and assessing malnutrition in the general population and in people with chronic

The Malnutrition Pathway
A GUIDE TO MANAGING FRAILTY, SARCOPENIA & MALNUTRITION

Including Assessment and Actions to Improve Outcomes and Quality of Life

Dr Sanjay Suman, Consultant Geriatrician
and Dr Anne Holdoway, Consultant Dietitian

- Frailty is a state of vulnerability characterised by a loss of reserve across multiple organ systems. In simple terms, someone who is frail is less able to "bounce back" after a stressor event, be that something minor like a urine infection or a more significant event like a fractured hip (figure 1).
- The event can trigger major changes in health from which the patient may fail to return to their previous level of health¹.
- The decline in physiologic reserve and function across multi-organ systems contributes to adverse health outcomes².
- Frailty is frequently associated with ageing; however, it can also arise with many progressive long-term conditions and can occur in younger people who have illness or disease^{3,4}.
- It is often considered a progressive long-term condition, with episodic deteriorations

Figure 1: Conceptual Model of Frailty

A GUIDE TO MANAGING FRAILTY, SARCOPENIA & MALNUTRITION PAGE 1 OF 12

UPDATE ON ACTIVITIES RELATING TO MALNUTRITION: AWARENESS WEEKS

During 2024 we continued our support of both Nutrition & Hydration Week (11-17 March 2024) and Malnutrition Awareness Week (11- 17 November 2024):

NUTRITION & HYDRATION WEEK

'Nutrition and Hydration Week' has taken place every March since 2012. Its purpose is to bring people together through engaging events to highlight and educate people on the value of food and drink in maintaining health and well-being in health and social care settings.

Themed days run across the week and include a Global Tea Party, for which people are invited to hold a tea party and share it on social media. The week also coincides with Swallowing Awareness Day, run by the Royal College of Speech and Language Therapists (RCSLT), which focuses on dysphagia (eating, drinking and swallowing difficulties).

Nutrition & Hydration Week 2025 will run from 17-23 March and Swallowing Awareness Day will be on 19 March. Further information can be found at: <https://nutritionandhydrationweek.co.uk>



MALNUTRITION AWARENESS WEEK

Run by BAPEN and the Malnutrition Task Force 'Malnutrition Awareness Week' is now in its seventh year. This year's Malnutrition Awareness Week continued to build on the educational activities of previous years. Themes for the week included:

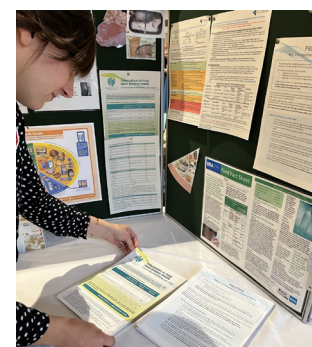
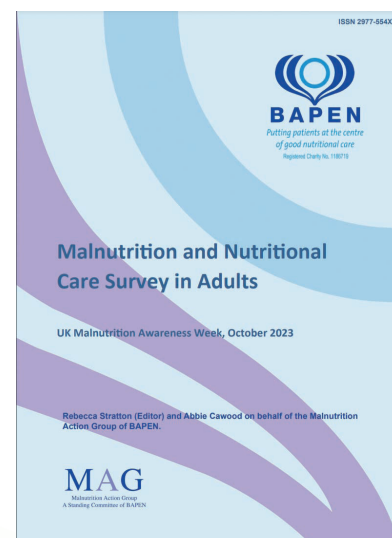
- Screening Monday – focusing on the importance of screening and treatment and highlighting the BAPEN Malnutrition & Nutritional Care Survey in Adults
- Challenges Tuesday – where healthcare professionals were encouraged to post a selfie-card on social media focusing on the challenges they face in delivering good nutritional care
- Wednesday – the #UKMAW2024 Learning Event which included a number of expert speakers from the clinical nutrition arena with sessions focusing on barriers and innovation in nutritional care. These sessions are now free to view on the Malnutrition Taskforce website - www.malnutritiontaskforce.org.uk/ukmaw2024-learning-event-presentations
- Thirsty Thursday: focusing on the importance of hydration, an area of great importance to overall health and wellbeing and one that is often overlooked
- Friday: A call to action to focus on what more can be done to improve nutrition and hydration
- More information on Malnutrition Awareness Week can be found at www.malnutritiontaskforce.org.uk/uk-malnutrition-awareness-week-2024



BAPEN NUTRITIONAL CARE SURVEY

During November, 2024, BAPEN's Malnutrition Action Group (MAG) ran its Annual National Screening Survey. The group also took the opportunity to publish and promote the findings of the 2023 Annual Malnutrition Nutritional Care Survey. Providing a picture of the prevalence of malnutrition and the different nutritional care interventions implemented in various settings across the four nations of the UK, the 2023 survey captured data on 2,250 adults. 48% of all adults screened were at risk of malnutrition, the highest amount since the survey's commencement. Across settings, 49% of patients screened at home, 47% of those in hospital and 42% of those in care homes, the following were found to be at risk of malnutrition: individuals with gastrointestinal conditions, cancer, cardiovascular conditions, COVID-19 and those with trauma and orthopaedic conditions were found to be at greatest risk.

A copy of the full report can be found at: www.bapen.org.uk/pdfs/reports/mag/national-survey-of-malnutrition-and-nutritional-care-2023.pdf



'STOP THE PRESSURE' WEEK

In November, the Nutrition and Dietetic Department at the Great Western Hospital in Swindon supported 'Stop the Pressure' week, an initiative led by tissue viability teams across the country to raise awareness and educate healthcare colleagues about pressure ulcers. The theme for 2024 was inclusivity. In Swindon, community staff were invited along to an event to raise awareness of pressure ulcer prevention and management. The dietetics team emphasised the importance of nutrition and hydration in wound healing and utilised the 'Malnutrition Pathway' protein leaflets to educate professionals on ways of incorporating more protein into the diet. Copies of our two protein fact sheets – 'Information to help meet protein needs a healthcare professional fact sheet' and the patient information sheet 'Protein - Why it is important and where to find it' can be downloaded for free at www.malnutritionpathway.co.uk/proteinfoods

CONFERENCES AND EVENTS

BAPEN CONFERENCE – GATESHEAD – 5-6 NOVEMBER 2024

The 2024 BAPEN conference took place at the fabulous Glasshouse International Centre in Gateshead and covered a number of key areas relating to the management of malnutrition in the community including:

- Nutrition and Sarcopenia Management in older people with complex needs
- Oral and enteral nutrition in palliative care
- Complications of home parenteral support
- Sustainability
- Outcome measures to demonstrate patient benefit

Copies of the main conference and masterclass presentations are now available and free to view and download for BAPEN members and conference attendees via the BAPEN website - www.bapen.org.uk

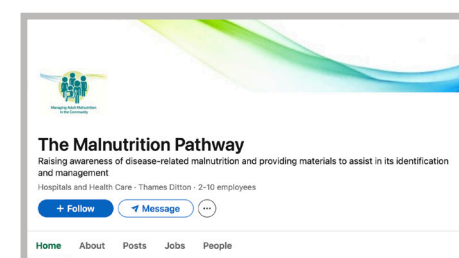
As usual the conference proved to be a melting pot for the exchange of ideas, sharing of best practice and networking. Thank you to all delegates who visited the Malnutrition Pathway exhibition stand and gave us valuable insights into adoption of our materials and ideas for the development of further resources that would be useful to them in everyday practice.

The 2025 annual conference is scheduled to take place at the ICC Wales, Newport, Wales from Monday 10th to Wednesday 12th November.

WEBINARS, LECTURES AND EDUCATIONAL EVENTS

Spreading the word on the importance of good nutrition and identifying, managing and preventing malnutrition, our Clinical Director **Anne Holdoway** has been involved in a number of webinar, lectures and education sessions throughout the year including:

- A webinar focusing on the importance of good nutrition for COPD patients with the Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- A webinar focusing on nutrition in palliative care featuring the Malnutrition Pathway cancer materials, organised by the British Dietetic Association (BDA) Palliative Care sub-group of the Oncology Group
- An international study day to promote the role of nutrition in cancer management attended by medical oncologists
- Talks to patient and carer inflammatory bowel disease (IBD) groups and patient groups dealing with cancer
- Educational sessions with the University of Bath Pharmacy and Pharmacology 4th year students with a focus on nutrition in gastroenterology
- Involvement in a King's Fund round-table event



THE MALNUTRITION PATHWAY

The Malnutrition Pathway is a Community Interest Company. We are a not-for-profit company which invests all funding generated into activities to raise awareness of malnutrition arising from disease and chronic conditions.

Our aim is to ensure health and care professionals, patients and their families, are empowered to take timely action to diagnose, treat and prevent malnutrition and improve health outcomes and quality of life. Our activities include the development of free educational resources for healthcare professionals and patients, attendance at educational events and writing educational features for professional journals.

Our thanks to those commercial companies who have enabled us to fund initiatives via unrestricted educational grants. Thanks to Nutricia for sponsoring this issue of the Pathway newsletter.

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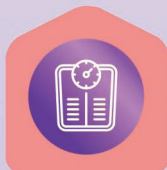
85% OF OLDER ADULTS IN A UK STUDY FAILED TO CONSUME THE ESPEN RECOMMENDED PROTEIN INTAKE OF 1.2G/KG/DAY INCREASING THEIR RISK OF FRAILTY¹

HIGH PROTEIN ONS CAN LEAD TO POSITIVE OUTCOMES IN MALNOURISHED OLDER ADULTS²



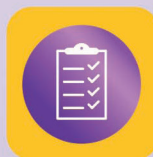
+1.8kg

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IMPROVEMENT
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STRENGTH²



+1.7kg

SIGNIFICANT
IMPROVEMENT IN
BODY COMPOSITION
INCLUDING WEIGHT²



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IN COMPLICATIONS
(E.G. INFECTIONS, DELAYED
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**OPTIMAL NUTRITION CAN SUPPORT
MALNOURISHED OLDER ADULTS³**

THIS INFORMATION IS INTENDED FOR HEALTHCARE PROFESSIONALS ONLY.

Fortisip Extra is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision.

ONS: Oral Nutritional Supplement. ESPEN: European Society for Clinical Nutrition and Metabolism.

References: 1. Morris, et al. Geriatrics (Basel). 2020;5(1):6. 2. Cawood, et al. Ageing Res Rev. 2012;11(2):278-96. 3. NICE Clinical Guideline 32, August 2017 Available at: www.nice.org.uk/guidance/cg32 Accessed on: 12.09.24.

Accurate at time of publication: February 2025.