

Prescribing...

- ✚ Oral nutritional supplements (ONS) are widely used across the acute and community setting.
- ✚ Inevitably some prescribing will not be appropriate.
- ✚ A “food first” approach is recommended initially.
- ✚ Prescribers starting patients on ONS in the community are now encouraged to contact the now-expanded Community Dietetic Service.
- ✚ Regularly screening, monitoring and if/when appropriate cessation are important to maximise benefit for patients and to reduce wastage by inappropriate use or stockpiling.

Background

Malnutrition is defined by the World Health Organisation as a “deficiency, imbalance or excess of nutrients.” It also covers the term “under nutrition” which includes stunting, wasting and being underweight (WHO, 2018). Being underweight mostly affects people over the age of 65 years with the vast majority of those living in the community. It is reported that those suffering with malnutrition are twice as likely to see their GP, have more hospital admissions, stay in hospital on average 3 days longer and have more co-morbidities (Guest *et al.* 2011).

Oral nutritional supplement drinks can promote not only nutritional status but also other health outcomes. With better hydration and nutrition patients can experience better functional status, reduced risk of infections, reduced risk of falls, and overall improved quality of life. The advisory committee of borderline substances outlines criteria for the prescription of nutritional supplements with the most prominent being “disease related malnutrition.” It is important to distinguish this from other forms of malnutrition e.g. social or poverty related malnutrition which sadly is **not an indicator** for a prescription of nutritional supplements at public expense.

In 2018 Guernsey and Alderney spent over £418,000 on oral nutritional supplements. There is evidence to suggest that not all of the supplements were prescribed or used appropriately. People can become over-reliant on oral nutritional supplements and often these are used to replace meals as opposed to supplementation. The dietitians are available for advice on the prescribing of ONS.

Screening

There are validated tools to screen for malnourished patients or those at risk of malnutrition. One of which (and used locally) is the Malnutrition Universal Screening Tool or *MUST* as it is commonly known (BAPEN, 2011). Screening is designed to be carried out regularly and should be encouraged in the inpatient and outpatient setting. This takes into consideration the person’s body mass index (BMI), their percentage of weight loss over the last 3-6 months, and their acute disease effect. The acute disease effect refers to a patient who has had little or no intake for 5 days or more.

Calculating a person’s *MUST* score then dictates the action required. A score of 2 or more indicates that the person should be referred to a dietitian. A score of 0 indicates someone is a low risk of malnutrition and a score of 1 denotes a medium risk. Those that fall into the medium risk group require monitoring and it is suggested they aim to increase their nutritional content of their diet by using “food first”.

Food First

This approach refers to the increase in calorie and protein content of someone’s diet. This may be through food fortification, extra snacking, nourishing drinks or opting for higher calorie food options. As part of this approach people can be encouraged to make up their own version of supplements using full fat milk or ice cream to make homemade milkshakes. Recipes and diet sheets are available on request. Patients can be encouraged to buy *Complan* (different to *Complan shake on prescription*) or *Meritene* from *Boots* or the supermarkets as a starting point. Other alternatives include using skimmed milk powder e.g. Marvel into hot milky drinks or cold milk.

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For those suffering from social or poverty related malnutrition helpful options could be signposting patients to welfare and social services such as the food bank based at Holy Trinity church. Meals on wheels offer a hot meal and pudding for just over £3 a day. Day centres such as Jubilee house in St Sampson's or the community centre in St Martin's can promote social wellbeing and offers a three course meal and tea and cake along with a range of activities.

Prescriptions

It is advisable that new patients starting on ONS are:

- Trialled with a starter pack to assess tolerance.
- Alternatively, a one week supply can be prescribed to ascertain the patient's preferences for flavours/tolerance.
- If being prescribed ONS for more than one month they should be referred to a dietitian so that they receive nutritional counselling and regular follow up.
- A preferred products list has been created to help guide prescribers in choosing the most clinically and cost effective products (this is attached). **Please note there are contraindications** for some patient groups e.g. in renal disease, powdered supplements such as *Aymes shake* or *Complan Shake* should be avoided and this patient group should see a dietitian first.

Monitoring, cessation of supplements and follow up

Repeat screening, regular weight checks and monitoring of nutritional status is crucial. The dietitians offer regular clinics for patients to be seen or offer "drop-in" weight sessions on a Friday lunchtime. The service is expanded with a new Community dietitian in post, therefore more referrals can now be accepted for outpatient appointments at the hospital and domiciliary visits.

Summary

- **Malnutrition is an issue that can have fatal consequences.**
- **When used appropriately oral nutritional supplements can be effective in helping to manage disease related malnutrition.**
- **The key is to ensure prescription are clinically and cost effective and monitored suitably.**
- **Should you wish to refer a patient to a dietitian please contact the department on 707493.**

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References

1. BAPEN (2011). *Malnutrition Universal Screening Tool* [online] available at: https://www.bapen.org.uk/pdfs/must/must_full.pdf accessed on 14th April 2019
2. Guest, J. F., Panca, M., Baeyens, J.P., de Man, F., Ljungqvist, O., Pichard, C., Wait, S., Wilson, L. (2011) *Health economic impact of managing patients following a community based diagnosis of malnutrition in the UK*. *Clinical Nutrition*, Vol **30**, Issue 4.
3. World Health Organisation (2018) Malnutrition [online] available at: <https://www.who.int/news-room/fact-sheets/detail/malnutrition> accessed on 16th April 2019.