

Are the NICE clinical guidelines for nutrition support implemented in GP practices?



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Background

Malnutrition is both a cause and consequence of disease and is a significant problem affecting around five to 10 per cent of the population attending general practice.^{1,2} Most recent data suggests that this largely treatable condition costs the UK in excess of £13 billion annually³ (~£7 billion in primary and social care) with healthcare costs of managing malnourished patients in the community being twice that of managing non-malnourished patients.⁴

According to NICE clinical guidelines for nutrition support in adults (Clinical Guideline 32),⁵ all individuals in the community should be screened for malnutrition by healthcare professionals with appropriate skills and training upon registration at their GP practice and where there is clinical concern. One such tool, which is validated for use in the community, is the Malnutrition Universal Screening Tool ('MUST') which is also published in eGuidelines for primary care.⁶ Common groups at risk of malnutrition include people with a diagnosis of cancer, chronic obstructive pulmonary disease, dementia, neurological conditions (e.g. Parkinson's disease, motor neurone disease), post surgery, hip fractures, frail elderly, or patients with pressure ulcers.^{1,7}

Table One highlights the NICE guidance on what should be assessed during nutritional screening and **Table Two** shows the 'A grade' (highest level of evidence) oral nutritional support guidance for patients found to be at risk of malnutrition and able to manage nutrition orally.⁵

Table One: Nutritional Screening*

- Body Mass Index (BMI)
- Percentage of unintentional weight loss
- Consider time over which nutrient intake has been unintentionally reduced
- Consider likelihood of future impaired intake

* 'MUST' incorporates all of the guidance set by NICE for nutrition screening

Table Two: Oral Nutritional Support Guidance

- Oral nutritional supplements (ONS)*
- Support for people unable to feed themselves
- Dietary advice from a Dietitian
- Altered meal patterns
- Fortified foods

* A range of oral nutritional supplements (ONS) also known as sip feeds or medical nutrition can be prescribed under BNF section 9.4.2. They have proven significant clinical and health economic benefits for patients in both hospital and community settings.^{17,8}

GP surveys of malnutrition, nutrition support and guidelines – 2010/2011

GPs are largely responsible for identifying and managing malnutrition in the community; however, there is little published information about how they detect and manage this costly problem. Two national GP surveys were undertaken electronically in 2010 and 2011 to provide a unique insight into clinical practice with the aim of understanding GPs awareness of malnutrition, their approaches to identification and treatment, and their knowledge and use of NICE nutrition support guidelines.⁵

The surveys consisted mainly of closed questions with multiple choice answers. Seven questions were asked in the 2010 survey and 13 in the 2011 survey. Over 200 GPs responded to each survey with representation from every Strategic Health Authority in England plus Scotland, Northern Ireland and Wales.

Two thirds of GPs are unaware of the NICE nutrition support guidelines

NICE clinical guidelines are intended to aid healthcare professionals to improve the quality of care and are based on the best available evidence. Interestingly, however, when asked about the awareness of NICE nutrition support guidelines,⁵ two thirds of GPs (67%) were unaware of the guidelines. Of the third (33%) that were aware of the guidelines, the majority (70%) reported that they do not implement them into clinical practice.

GPs reported malnutrition is not identified and not managed effectively

Almost half (49%) of GPs surveyed felt malnutrition is not identified and not managed effectively in their practice, the remainder felt it is being identified but is still not effectively managed. On average, GPs estimated the prevalence of malnutrition within their GP practice to be 4.8 per cent (range of 0-50%).

Less than 10 per cent of GPs use a nutritional screening tool to assess the risk of malnutrition

Across both surveys GPs highlighted BMI (38%) and clinical judgement (33%) as being the most common

ways they would assess malnutrition. A much smaller proportion of GPs highlighted weight loss (7%), or the use of a nutritional screening tool (7%). Despite the low use of a screening tool to assess the risk of malnutrition, when asked for a reason to prescribe ONS around half of GP's (51%) selected disease related malnutrition as the main indication.

There is no consistent approach to managing individuals at risk of malnutrition

When asked how to manage malnutrition, the most common practice was to refer to another healthcare professional (46%), principally a dietitian (94%). Other management practices included: advising or prescribing nutritional supplements (25%), of which the majority (97%) were ONS; following a step wise approach, e.g. dietary advice, followed by more intensive support if required (12%); providing a dietary advice sheet/giving dietary advice (12%); or not actively managing (5%).

Figure 1 shows the patient groups to whom GPs prescribe ONS. Cancer or palliative care patients were most likely to be prescribed ONS (46%).

Perceived clinical benefits of ONS include reducing complications and mortality and improving quality of life

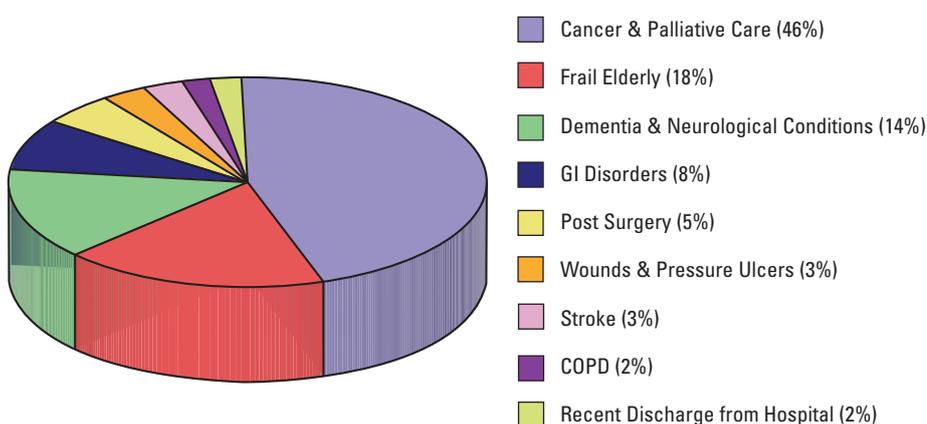
Evidence from systematic reviews (including NICE) and randomised controlled trials consistently show that ONS (versus routine care) have clinical and health economic benefits.^{5,7} When GPs were provided with a list of the proven benefits of ONS and asked to rank them, the main perceived benefits were reductions in complications (18%), improvements in quality of life (17%), and reductions in mortality (15%). Other benefits were ranked to a lesser extent and included functional improvements (11%), improvements in intake (11%), weight (10%), and reductions in healthcare use (readmissions 9%, length of stay 4%).

Inconsistent prescribing and monitoring practices exist

When asked how often GPs review patients prescribed ONS, the answers ranged from weekly to never, with most reviewing monthly (51%) or up to every six months (26%). However, no data was

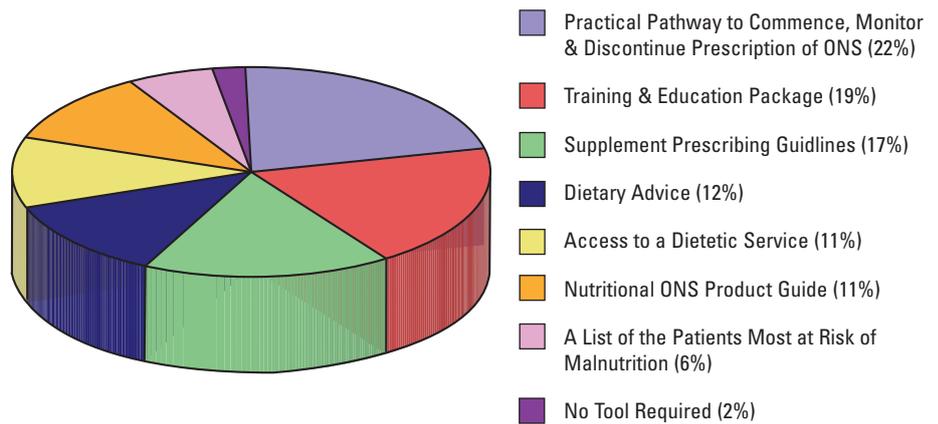
GPs are largely responsible for identifying and managing malnutrition in the community; however, there is little published information about how they detect and manage this costly problem.

Figure 1: Patient Groups Most Commonly Prescribed ONS



“... GPs would be receptive to receiving such guidance to improve practice, which would ultimately lead to improved clinical outcomes for patients, with the potential for significant cost savings.”

Figure 2: Resources to Support the Improved Management of Malnutrition



provided on how monitoring took place. For example, if the patient was seen in clinic or what was monitored to assess the effectiveness of the management strategy. When asked to rank the outcomes they may consider when reviewing patients prescribed ONS, weight, quality of life and appetite were ranked as the main outcomes (28%, 18% and 16% respectively). Compliance to prescription (15%), strength (10%), activities of daily living (9%) and mobility (4%) all ranked to a lesser extent.

An evidence-based pathway would support GPs to improve the detection and management of malnutrition

Less than a third of GPs reported having a local policy for malnutrition management (31%) and those that did have a policy rarely implemented it routinely (73%). When GPs were asked to rank resources that could support them to improve the management of malnutrition in their practice a practical pathway for malnutrition management was ranked the highest (22%) as shown in Figure 2. More than three quarters (82%) of GPs surveyed would use a clear evidence-based pathway developed by key healthcare professionals to manage malnutrition using ONS.

Conclusions

The results from these surveys provide an initial insight into how patients who are at risk of malnutrition are identified and managed in GP practices. It appears GPs believe malnutrition is under-detected and under-treated in the community and have limited awareness and application of the NICE clinical guidelines for nutrition support. The lack of awareness of the evidence for identifying and treating malnutrition could lead to inconsistency surrounding the use of oral nutrition support. These surveys suggest that there is a need to support GPs with clear evidence-based guidelines, pathways and education to improve the management of malnutrition in primary care settings, with particular advice on when to commence, monitor and discontinue ONS and other forms of treatments (e.g. dietary advice and when to refer to a dietitian) based on the most recent evidence.

Opportunity to improve practice

With research highlighting that most patients at risk of malnutrition live in the community¹ causing a huge financial burden on the UK health economy,^{3,4} it becomes increasingly important to find cost-effective solutions for GPs (who have the most access to these patients) to appropriately identify and manage those at risk. Recent cost saving guidance published by NICE has suggested that implementing the nutrition support clinical guidelines could save an estimated £13.3 million in England (£28,472 per 100,000 population), ranking third highest out of 19 NICE clinical guidelines that could produce cost savings.⁹

ONS are an effective evidence-based treatment method for the management of malnutrition,^{5,7} a recent study implementing education and malnutrition pathways in care homes significantly improved patient care with subsequent reductions in healthcare costs.¹⁰ It appears from both of these surveys that GPs would be receptive to receiving such guidance to improve practice, which would ultimately lead to improved clinical outcomes for patients, with the potential for significant cost savings.

Survey highlights

- A large proportion of GPs are unaware of the NICE nutrition support guidelines
- Malnutrition is largely undetected and undertreated in GP practices
- Validated screening tools, such as 'MUST', are not routinely used to identify malnutrition risk in GP practices
- Monitoring and reviewing patients requiring oral nutrition support, including prescribed ONS, is often inconsistent
- A clear evidence-based pathway to identify and manage malnutrition is required and could lead to improved clinical outcomes with potential for significant cost savings.

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