

Reaching a Consensus on Managing Malnutrition in the Community

The development of a new practical evidence-based guide for GPs and community healthcare professionals



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Introduction

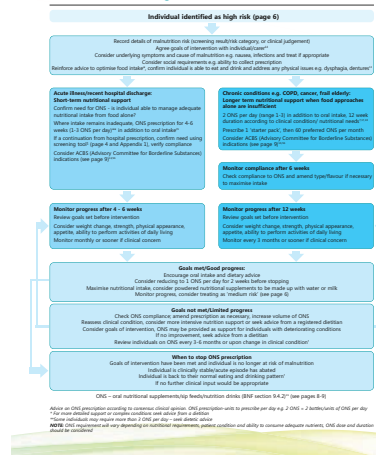
Malnutrition is a common and costly problem in the UK, with around three million people at risk; the majority of whom (93%) live in the community.¹ In fact, in healthcare settings we know that malnutrition affects more than one in three people in care homes,² one in 10 people visiting their GP,¹ and one in five outpatients.³ Disease is one of the main causes of malnutrition, groups most at risk include those with chronic disease (e.g. COPD, cancer, gastrointestinal disease, neurological conditions), acute illness, which can affect ability to eat, and the frail elderly.⁵ Malnutrition has many adverse consequences for both the individual² and the health economy, with malnourished people having poorer clinical outcomes and greater use of healthcare; such as more hospital admissions and readmissions, and more GP visits.^{1,4,6}

The National Institute for Health and Clinical Excellence (NICE), along with other national and professional bodies, including the Department of Health (Essence of Care), Care Quality Commission (CQC), British Dietetic Association (BDA), National Prescribing Centre (NPC) and the British Association for Parenteral and Enteral Nutrition (BAPEN) recommend identification of malnutrition and management for those at risk.^{1,7,8,9,10,11} In most cases, malnutrition is a treatable condition that can be managed using first line dietary advice (modifications to the diet to increase nutrient intake) and oral nutritional supplements where required (e.g. those unable to meet their nutritional needs through diet alone, at high risk of malnutrition).¹²

NICE has highlighted that effective management of malnutrition can improve nutritional status, clinical outcomes and reduce healthcare use, in fact Clinical Guideline 32: Nutrition support in adults is the third highest clinical guidance to produce cost savings¹³ – see **Table One**.

However, opinions clearly differ amongst healthcare professionals on the most clinically effective method to manage malnutrition according to risk,¹⁴ and it has been highlighted by GPs that there is a clear need for an evidence based guide to support GPs and other community healthcare professionals to identify and manage malnutrition.¹⁵

Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition



...a practical evidence based guide for GPs and community healthcare professionals and includes information on how to identify individuals at risk of malnutrition...

Table One: NICE Review of Clinical Guidelines that Produce Savings

Clinical Guidance	Short title	Why does this guidance save money?	Estimated saving per 100,000 population (£)
CG34	Hypertension (partial update of CG18)	Revised recommendations cost more in drugs, outweighed by predicted number of cardiovascular events avoided through hypertension control	-446,627
CG30	Long-acting reversible contraception	The additional cost of providing these methods is offset by the costs of unplanned pregnancies (reduced terminations or reduced births).	-214,681
CG32	Nutrition support in adults	Costs arising from improving screening, assessment and treatment of malnourished patients are offset by reduced complications, reduced GP and outpatient appointments, reduced admissions and reduced length of hospital stay.	-28,472
CG127	Hypertension (update)	Accurate detection of high blood pressure will reduce the inappropriate use of antihypertensive drugs, which will outweigh the additional costs of diagnoses.	-20,464
CG108	Chronic heart failure (partial update)	Increased cost of diagnosing, monitoring and rehab for patients is more than offset by anticipated reductions in acute admissions.	-19,000

Table Two: Contents of 'Managing Adult Malnutrition in the Community'

Contents

- Malnutrition overview, including consequences, prevalence and 'at risk' patient groups
- Identification of malnutrition
- Management of malnutrition including goal setting and monitoring
- Managing malnutrition according to risk category, including practical tips to aid clinical judgement
- Pathway for using oral nutritional supplements in the management of malnutrition, including guidance on monitoring and discontinuing
- Optimising oral intake – an overview of the practical elements and evidence for common nutrition support strategies (dietary advice and oral nutritional supplements)

Consensus panel

In 2011, a multi-professional consensus panel of healthcare professionals with expertise and an interest in malnutrition met to agree on best practice for identifying and managing malnutrition in the community. The consensus was based on evidence, clinical experience and accepted best practice. GPs, nurses, pharmacists and dietitians were represented on the panel.

The outcome from the panel meeting was the development of a new document, 'Managing Adult Malnutrition in the Community', including a pathway for the appropriate use of oral nutritional supplements (ONS). This provides a practical evidence based guide for GPs and community healthcare professionals and includes information on how to identify individuals at risk of malnutrition, with actions based on the degree of risk (see **Table Two**). The document is supported and endorsed by several key professional bodies and organisations, reflecting its multi-professional nature.

Identifying malnutrition

NICE recommends the use of a valid screening tool, which considers BMI, unintentional weight loss and nutritional intake in the presence of acute disease; the

'Malnutrition Universal Screening Tool' ('MUST') may be used to do this, and this information is provided in the document.⁷ The document also provides a guide to patient groups most at risk of malnutrition, with information to support clinical judgement.

Managing malnutrition according to risk category

The tool provides a practical guide to empower community healthcare professionals to take first line action, according to malnutrition risk, this includes:

Medium risk

Oral nutrition support: dietary advice (food first) approach to maximise nutritional intake; use of everyday foods to increase energy and protein intakes, small frequent meals and snacks, nourishing drinks (may include powdered nutritional supplements).

Monitor progress in one to three months, according to clinical condition; if improving, continue until low risk, if deteriorating, consider treating as high risk.

High risk

Oral nutrition support: dietary advice and commencement of prescription for oral nutritional supplements. A pathway for using ONS in the

management of malnutrition has been developed to support this (see below).

Monitor progress and compliance with oral nutritional supplements; on improvement consider managing as medium risk, if no improvement, or specialist advice required, refer to dietitian.

Pathway for using oral nutritional supplements (ONS) in the management of malnutrition

To support GPs and community healthcare professionals to prescribe, monitor and discontinue ONS more effectively a pathway was developed outlining the steps to consider. The pathway covers both existing ONS prescriptions (e.g. post hospital discharge) and new prescriptions (e.g. high risk patient identified in the community). The pathway suggests ONS dose and duration, based on evidence available and recommends referral to dietitians for more complex cases or where first line intervention has been ineffective. The pathway also highlights the importance of goal setting before prescribing ONS in order to assess progress and determine when ONS can be stopped, or if further intervention is required.

Optimising oral intake – the evidence for oral nutrition support

In a review of nutrition support policies from across the UK, there was a distinct lack of reference to the

evidence available for nutrition support actions recommended.¹⁴ Therefore, in order to support GPs and community healthcare professionals in managing individuals with malnutrition, an overview of the evidence for the nutrition interventions is included.

Tackling malnutrition, launch of 'Managing Adult Malnutrition in the Community'

The launch of this new document 'Managing adult malnutrition in the community' is the first comprehensive, yet concise, multi-professional guide, supporting evidence-based practice, ensuring quality of care for individuals at risk of malnutrition and encourages all healthcare professionals to identify and appropriately manage malnutrition. Key features include:

- **Practical evidence-based guide to identify and manage malnutrition in the community**
- **First line oral nutrition support actions based on level of malnutrition risk**
- **Clear guidance on how and when to initiate ONS, monitor progress and discontinue prescription**

The guide to managing malnutrition according to risk and the pathway for using ONS embedded in the document aims to put an end to inappropriate prescribing of ONS but also aims to ensure that those who would benefit from ONS receive the support they require. Throughout the

document, reference is made to concurrent dietary advice, the importance of monitoring and when to involve other members of the healthcare team, including dietitians.

Putting patients at the heart of our decisions

In their recent report 'Malnutrition in the community and hospital setting',¹⁶ the Patients' Association made a number of 'calls to action' for improved nutritional care. The report urges GP consortia to ensure information on malnutrition is tailored according to local services and covers the whole 'malnutrition journey' from diagnosis to the nutritional treatments that can be prescribed by the GP, with appropriate follow-up and monitoring in the community.

With widespread support and endorsement from 10 professional organisations, it is hoped that the guide to managing malnutrition document will provide an easily accessible tool to help decision-making in the community. In conjunction with improved awareness amongst clinical commissioning groups, who in turn need to work with local dietetic departments and secondary care services to agree protocols for referral to specialist services, it is hoped that we can move one step closer towards delivering excellent nutritional care in the community that is beyond our current expectations and help to eliminate avoidable malnutrition.

The document 'Managing Adult Malnutrition in the Community' is available as an interactive website or as a PDF download at www.malnutritionpathway.co.uk. For further information contact Hilary Franklin Healthcare Communications, 020 8398 8551, hilary@franklincoms.co.uk

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