Calls to eliminate avoidable malnutrition

The British Association for Parenteral and Enteral Nutrition is calling on the Government to develop a National Nutritional Strategy, following its latest screening survey which finds that malnutrition continues to affect one-in-four adults on admission to hospitals.

Malnutrition is reported to affect around 5% of the UK population (approximately 3 million people), yet many patients, carers, healthcare professionals, commissioners, senior managers and chief executives are unaware of how common it is. As a result, malnutrition continues to go unrecognised and untreated, leading to worse health and clinical outcomes in all social and NHS care settings. At the 2012 Digestive Disorders Federation Conference, held in Liverpool, The British Association for Parenteral and Enteral Nutrition (BAPEN) called for improved awareness of the problem and highlighted the need for a national, integrated strategy to improve nutrition across all healthcare and community settings.

In a commissioning toolkit (Malnutrition Matters – Meeting Quality Standards in Nutritional Care, May 2010), BAPEN previously commented that ‘improved nutritional care could result in substantial financial returns’ for the health service – calculating that even a 1% saving could amount to an estimated £130 million per year. The organisation pointed out that malnourished individuals go to their GP more often, are admitted to hospital more frequently, stay on wards for longer, succumb to infections, and are at greater risk of being admitted to long-term care and of dying unnecessarily.

**Nutritional care for hospital patients**

Earlier this year, Andrew Lansley, the previous Health Secretary, announced plans to tackle the issue of ‘patients leaving hospital malnourished’ and promised that ‘NHS hospital food will improve’. However, BAPEN warned that hospital food is only part of the problem and pointed out that a national malnutrition and hydration strategy is required to improve all aspects of nutrition provision across the NHS and social care.

The organisation reported that; “The high prevalence of ‘malnutrition’ on admission to hospital and during a hospital stay is not a trivial problem that can be ignored and is not, as commonly cited, a problem caused by ‘hospital food’.”

Dr Ailsa Brotherton, BAPEN’s honorary secretary, said: “There is a clear need for system-wide approaches and improvement to detect malnutrition early in both community and acute settings and to ensure that individuals who are ‘at risk’ receive appropriate nutritional care. In addition to appropriate, good quality hospital food, good nutritional care includes: nutritional screening (and repeat screening as appropriate), a detailed nutritional assessment for ‘at risk’ patients and the development and implementation of an appropriate personalised nutritional care plan, which may include oral nutritional supplements, enteral tube feeding or, in some cases, parenteral nutrition.

“Developing highly reliable systems of integrated nutritional care has become a priority focus for BAPEN and we are developing a number of resources, including a Nutrition Improvement Guide that will help NHS and Social Care organisations to deliver improved care.

“However, to deliver improvements at pace and scale, BAPEN recognises the importance of the Department of Health developing a national nutrition and hydration strategy and the appointment of a National Clinical Director for Malnutrition to lead this work for the NHS.”

Dr Mike Stroud, chair of BAPEN’s quality improvement committee and chair of the NICE guidance development groups for both nutritional support in adults and IV fluids, stated: “The Department of Health is fully aware of the importance of nutrition and is currently considering the improvements required. Nevertheless, we are now asking the Health Secretary to take responsibility for eliminating avoidable malnutrition in the NHS. In order to achieve this, good nutritional care must become a priority for the Department of Health, with approaches including all elements of good nutritional care rather than simply focusing on hospital food.”

Mike Stroud.
focusing on hospital food.

“We also need the new executive agency, ‘Public Health England’, to make malnutrition among patients, the elderly and the vulnerable, the focus of an early awareness campaign, and the National Commissioning Board to develop clear outcome measures to monitor prevalence of malnutrition and the quality of nutritional care that is provided.”

Anne Holdoway, chair of the Parenteral and Nutrition Group of the British Dietetic Association, welcomed the Government’s acknowledgement of the importance of good food and nutrition for patients in hospital, ensuring that patients get the right nutrition and that it is ‘personalised’. She said: “Registered dietitians are leading on many initiatives across the UK and collaborating with catering teams and healthcare professionals to ensure that hospital diets are nutritious and appropriate for the diverse patient groups.

“Sadly patients are still denied access to individual advice as a result of lack of resources and low numbers of dietitians employed in the hospital and community sector. With less than 7,000 dietitians working to fulfil the needs of the entire UK population, patients are unable to receive the education and information that would empower them to improve and self-manage their nutrition in the long-term.”

Chair of the National Nurses’ Nutrition group, Liz Evans agreed, adding: “It must be acknowledged that BAPEN screening week reports show the prevalence of malnutrition in the community and it is therefore vital that vulnerable patients are not further nutritionally compromised during their stay in hospital. While I am pleased that the Government acknowledges the importance of good, nourishing food as a key part of recovery, it is also important that there is recognition of the role that nurses play in the delivery of this part of treatment.

“Food provision should not be seen as a ‘hotel service’ but as an integral part of a person’s recovery from illness. As such, organisational routines in hospitals should be arranged so that nurses can participate fully in feeding and hydrating patients. Sadly, despite innovations such as Protected Mealtimes and Red Trays, this is still not happening in many areas.”

‘At risk’ individuals

BAPEN has stressed the importance of nutritional assessment of ‘at risk’ individuals, but who exactly is deemed to be at risk? The organisation is keen to dispel some common misconceptions – while poverty is often considered a major factor in malnutrition, BAPEN points out that disease is actually the primary cause. Those most at risk of malnutrition include:

- Individuals with acute and chronic conditions (e.g. cancer, COPD, inflammatory bowel disease, gastrointestinal illness, renal or liver disease).
- People with chronic progressive conditions (e.g. dementia and neurological conditions such as Parkinson’s disease and Motor Neurone Disease).
- Patients who have been recently discharged from hospital (e.g. post surgery, hip fracture, exacerbations of chronic disease).
- Individuals with increased debility (e.g. frailty, immobility, old age, depression).
- People with social issues (e.g. poor support, housebound, inability to cook and shop, poverty).

BAPEN’s fourth annual Nutritional Screening Week (NSW) report has also highlighted the fact that malnutrition is not, as commonly believed, a problem that only affects the older generation. The screening week survey found that malnutrition also affects 26% of patients admitted to hospital aged between 20 and 29 years old. While prevalence of malnutrition was found to be lower than in previous surveys, the results showed that it still affects:

- 1 in 4 adults on admission to hospitals.
- More than 1 in 3 adults admitted to care homes in the previous six months.
- Up to 1 in 5 adults on admission to mental health units.

Although the survey looks specifically at those on admission to hospitals, care homes and mental health units, the results highlight the alarming rates of malnutrition affecting quarter of adults of all ages, admitted to hospital from their own homes.
**Hospital survey:** In 2011, 4,868 women and 4,232 men were surveyed. The age range was 18-106 with 56% of the patients aged 65 years and over. As in previous surveys, the 2011 results showed that women appear to be at greater risk of malnutrition with 28% affected vs 22% of men. While risk increased with age, there was substantial malnutrition risk present at all ages. Malnutrition was present in 22% of patients under the age of 60, 23% of those aged 60-79 years and 33% of patients aged 80 years and older.

The results confirm that ‘malnutrition’ is common on admission to acute and community hospitals, all types of wards and in all age groups and diagnostic categories.

Screening surveys suggest that there has been some improvement in the establishment of policies on nutritional care over time. In this latest survey, 8 out of 10 hospitals reported having a nutritional steering committee, almost all centres had a nutrition screening policy and almost all centres audited screening practice at least once a year. Hospitals reported using a range of screening tools with 85% hospitals that responded using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) – either alone or in combination with other tools.

**Care home survey:** A total of 369 women and 206 men were surveyed, with a mean age of 80 years (88% of residents were aged 65 years and over). Those assessed to be at risk of ‘malnutrition’ included:

- 26% of those aged less than 70 years.
- 41% of those aged 70-84.
- 52% of those aged 85 years and over.

The survey highlighted higher prevalence of malnutrition in nursing homes compared to residential homes, while malnutrition increased with age and occurred more frequently in women than men. Some 94% of centres used a screening tool for patients on admission and, of these, 92% used ‘MUST’.

**Mental health unit survey:** A total of 296 women and 349 men were surveyed. Malnutrition was significantly greater in those aged 65 years and over compared to those less than 65 years (24% vs 13% respectively.) Prevalence was also significantly greater in women than men. The overall prevalence of malnutrition was found to be 19%, which is substantially lower than that found in hospitals (23%-34%) and care homes (30%-42%) in all four surveys.

**Identification and management**

Ultimately, screening for malnutrition is vital to identify individuals who are at risk. BAPEN states that screening should be undertaken across all health and social care settings and should:

- Assess Body Mass Index.
- Assess percentage unintentional weight loss.
- Consider the time period nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake.

‘MUST’ is a simple, validated, five-step nutrition screening tool, designed to identify the category of malnutrition risk. Recommended by NICE, details of ‘MUST’ can be sourced via BAPEN’s website (www.bapen.org.uk).

A management plan should be implemented, according to the level of malnutrition risk, using first line dietary advice to optimise food intake and oral nutritional supplements (ONS) where necessary. Oral nutritional supplements (ONS) are an evidence-based strategy for the management of disease related malnutrition and should be prescribed for patients identified as ‘high risk’ of malnutrition where they are unable to meet/improve nutritional requirements through diet alone, and in ‘medium risk’ individuals where first line dietary advice has failed to be effective.

**New guidance**

At BAPEN’s ‘Organisation of Nutritional Care’ symposium, held at the Digestive Disorders Federation conference, Dr Mike Stroud launched new guidance to encourage all healthcare professionals to identify and appropriately manage malnutrition. ‘Managing Adult Malnutrition in the Community’ aims to support decision making to ensure quality of care for individuals at risk of malnutrition in primary care, encourage detection of malnutrition early through effective screening, and facilitate appropriate nutritional care (www.malnutritionpathway.co.uk).

The guide to managing malnutrition according to risk and the pathway for using oral nutritional supplements (ONS) aims to put an end to inappropriate prescribing of ONS, but also 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.

---

**Good nutritional care at a glance: do you have these in place at your Trust?**

- Nutritional steering committee
- Nutritional support team
- At least one nutritional nurse
- Ward to board nutrition dashboard
- Executive leader support
- All patients must be screened on admission
- Appropriate screening in outpatients
- Referral to dietitian/specialist nutritional service as appropriate

---

**‘Improved nutritional care could result in substantial financial returns – even a 1% saving could amount to an estimated £130 m per year.’**
Dr Tim Bowling, chair of BAPEN, added: “BAPEN is committed to furthering the awareness of malnutrition and its relevance for the healthcare economy as a whole. The initiatives that are being developed are helping momentum to be gathered, but there is still much work to be done before the healthcare profession as a whole, the commissioners, the politicians and the public at large fully appreciate the importance of malnutrition.”

A comprehensive ‘organising nutritional care diagram’ has also been introduced, which clearly shows ‘what good nutritional care looks like’. The diagram has been designed to enable organisations to see at a glance where improvements could be made.

The BAPEN Toolkit for Providers and Commissioners has also been updated to assist the new Clinical Commissioning Groups in identifying the nutrition services their local populations require.

Dr Mike Stroud concluded: “NHS Trusts are continuing to fail to meet the Care Quality Commission standards for nutritional care, which is why we, along with Carers UK, are calling for the Government and Department of Health to develop a National Nutritional Strategy. We have the blueprint for what this strategy should contain and we have a wide range of effective tools ready to support Trusts to implement the necessary changes. We are looking to the Government to adopt this issue to enable real change by developing the right policy and system enablers.”

The document is supported by the:
- Royal College of General Practitioners.
- Royal College of Nursing.
- British Dietetic Association.
- Royal College of Physicians.
- National Nurses Nutrition Group.
- British Pharmaceutical Nutrition Group.
- Primary Care Society for Gastroenterology.
- Pharmaceutical Services Negotiating Committee.
- Primary Care Pharmacists Association.

Anne Holdoway, chair of the consensus panel that produced the guidance, commented: “With widespread support and endorsement from those professional organisations, it is hoped that the guide to managing malnutrition will provide an easily accessible tool to help decision making in the community, where 93% of malnutrition exists. In conjunction with improved awareness among 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 and eliminating avoidable malnutrition.”

Malnutrition petition announced

Dr Mike Stroud, chair of BAPEN’s Quality Improvement Committee, has set up an e-petition calling for the Government to act to eliminate avoidable malnutrition and dehydration. The e-petition, a collaborative project being undertaken with the Nutrition and Hydration Action Alliance, needs 100,000 signatures from healthcare professionals, patients and the general public in order to facilitate a debate on the issue in the House of Commons. http://epetitions.direct.gov.uk/petitions/34303