



Malnutrition

The facts



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Malnutrition affects at least three million people in the UK and around 33 million across Europe, detrimentally affecting their health, wellbeing, and ability to work. Despite major strides forward in screening malnutrition is still often unrecognised and therefore untreated, yet it has a substantial impact on health and disease in all community care settings and hospitals.¹

Malnutrition is not a preserve of the elderly, although they are a particularly vulnerable group, as it can and does affect people of all ages. However, BAPEN's Nutritional Screening Week data (2007-2011) showed that there was a consistently higher prevalence of 'malnutrition' in women than men by 3-6% (mean 4%). The difference was more marked in those aged 65 years or older than those less than 65 years old, the difference is partly due to the older age of women.²

Malnourished adults account for about 30% of hospital admissions and with prolonged length of hospital stay, 35% of care home admissions, 15% of outpatient clinic attendances and 10% of those presenting at their GP. These are not insignificant figures and so it should come as no surprise that the estimated cost of malnutrition in both adults and children in England alone in 2011-12 was £19.6 billion and is only set to increase with an ageing population and the rising cost of health and social care services. Overall the cost of treating a persistently malnourished patient is over three times more than treating a non-malnourished patient.³

Malnutrition is a serious condition which detrimentally affects the function of all body tissues, predisposing to disease, as well as increasing complications after an injury, and delaying recovery from an illness. It also makes day to day activities more difficult to complete, and increases the likelihood of dependency, especially in the elderly. The evidence shows clearly that if nutritional needs are ignored health outcomes are worse and meta-analyses of trials suggest that

provision of nutritional supplements to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%.⁴ Malnutrition is therefore both a cause and a consequence of disease, delays recovery, increases visits to GPs and increases the frequency and length of hospital stay.

A common question is whether malnutrition is preventable? We know that the majority of cases of malnutrition arise in the community so yes, by ensuring a person gets the correct amount of nutrients through a healthy, balanced diet could prevent malnutrition in many cases. Certain groups of people such as those who are disabled or elderly and who may have a reduced appetite or be unable to cook for themselves need additional help from family, friends, carers and primary care teams. We need to become smarter at identifying those at risk and recognising symptoms early on so that steps can be taken to improve nutrition and hydration in the community. However, malnutrition is also strongly associated with disease and therefore although improving nutrition is important in reducing complications, nutritional interventions alone will be ineffective without the ability to treat the disease effectively.

The NHS continues to face unprecedented financial challenges and organisations can no longer afford to ignore malnutrition. As such there has never been a greater need for more relevant training and education in this area for ALL healthcare staff.

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