Malnutrition in UK: where does it begin?

Christine Russell
Chair Nutrition Screening Week and member of Malnutrition Action Group
King’s Fund Centre Report
1992

Nutrition Now campaign

Clinical trials
Community Issues

- Mainly about organisation of services
- HETF & HPN
- BANS
Broadening scope and activities of BAPEN

- Patient journey
  - Community → Hospital

- ‘MUST’ (2003)
- Malnutrition among Older people in the Community (2006)
- Patient Carer Report (2009)
- Malnutrition in Sheltered Housing (2009)
Prevalence of malnutrition in UK

• Based on ‘MUST’ criteria >3,000,000 people at risk of malnutrition
  – ~93% live outside hospital, ~2-3% of which live in sheltered housing
  – ~5% live in care homes
  – ~2% are in hospital

Elia M, Russell CA 2009
Prevention, identification and treatment

Hospitals present a good opportunity to identify individuals at risk of malnutrition and treat it, many patients are already malnourished or at risk on admission and some or others may be malnourished when they return to the community.
BAPEN Initiatives

• Nutrition Screening Week (NSW07 & NSW08)

• Group on Nutrition and Sheltered Housing (GNASH)
Why needed?

• Prevalence of malnutrition based on data from studies done >10 years ago in few institutions
• Different criteria for malnutrition used
• Current prevalence of malnutrition in UK not known.
Purpose

- Establish and compare prevalence of malnutrition in different care settings across UK using ‘MUST’ criteria
- Document screening practice
- Benchmark local data against national picture
- Make recommendations to improve nutritional care
- Complement European Nutrition Day
Purpose contd.:

• Establish and compare prevalence of malnutrition in different care settings across UK using ‘MUST’ criteria during all 4 seasons of the year
The largest survey in UK

<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>Care Homes</th>
<th>Mental Health Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N =</td>
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</tr>
<tr>
<td>2007 Autumn</td>
<td>175 Patients</td>
<td>173 Residents</td>
<td>22 Patients</td>
</tr>
<tr>
<td>2008 Summer</td>
<td>130 Patients</td>
<td>75 Residents</td>
<td>17 Patients</td>
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### ‘Malnutrition’ on admission

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<td></td>
<td>Overall %</td>
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<td>High %</td>
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<tr>
<td><strong>2007</strong></td>
<td>28</td>
<td>6</td>
<td>22</td>
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<td>5</td>
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* Figures rounded to nearest 1%
National differences

• Most subjects came from institutions in England
• No significant differences between countries of UK
Malnutrition by source of admission to hospital

<table>
<thead>
<tr>
<th>Admitted from</th>
<th>Low Risk</th>
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<th>Total no. patients</th>
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<tr>
<td>Home</td>
<td>5239</td>
<td>1836</td>
<td>7075</td>
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<tr>
<td></td>
<td>74%</td>
<td>26%</td>
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<tr>
<td>Other Hospital</td>
<td>461</td>
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<td>671</td>
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<tr>
<td></td>
<td>69%</td>
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<tr>
<td>Other Ward</td>
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Subject characteristics

- Overall, more women than men
- Risk greater in women
- Risk increases with age
- Ratio emergency admission: elective ~2:1
- Low BMI more likely to contribute to ‘MUST’ score in residents in care homes than in patients in hospital
## Contribution of BMI score to medium or high risk of malnutrition

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<th>Setting</th>
<th>% with BMI score (1 or 2)</th>
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<td>Acute hospital:</td>
<td>42.4%</td>
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<tr>
<td>Community hospital:</td>
<td>68.0%</td>
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<tr>
<td>Care home:</td>
<td>85.3%</td>
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<td>Mental health</td>
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The Nutrition Action Plan

Together we must as a priority:

*Encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable.*
NAP- Sheltered Housing

Housing providers should:
- Ensure management and on-site staff are trained on nutrition to raise awareness of malnutrition
- Cascade information to residents, their carers and families
- Work in partnership with experts such as BAPEN
Sheltered housing – the forgotten sector!

Question?

• What is the prevalence of malnutrition in tenants in sheltered accommodation?

• A recent study in Wales would suggest 10-12% (Harris et al 2008)
BAPEN – GNASH!

- Group on Nutrition and Sheltered Housing
- BAPEN led with NACC, ERoSH, Westminster Housing & Care, Richmond Housing, Accent Group, Harrogate Neighbours and Nutricia Ltd
- Establish prevalence malnutrition in sheltered housing
- Pilot study – validate a questionnaire against ‘MUST’
- Produce guidance and examples of ‘best practice’
- Work in partnership with other agencies
Beliefs and barriers

- Sheltered housing schemes don’t have scales and height sticks
- Scheme Managers won’t like weighing and measuring tenants - it’s a clinical role
- Tenants won’t want to be weighed and measured by Scheme Managers
- Better to use a questionnaire - a more softly, softly approach
- Parties talked different languages, used different jargon
GNASH Pilot study

- Questionnaire with key questions linked with malnutrition risk included
- ‘Nutritional screening using ‘MUST’
- Training of Scheme Managers on use of ‘MUST’- 10 around London, 10 around Harrogate/ Bradford
- Scales & stadiometers provided to each site
- Screening repeated after 6 months
GNASH Pilot study

• 17 schemes provided data- 10 in South and 7 in North
• 335 tenants participated in project
• Mean age 79.3 (± 8.6) years
• Mean BMI 26.2 (± 5.8.) kg/m² - 9% had BMI<20 kg/m²
• Women: men – 2:1
• Prevalence ‘malnutrition’ based on ‘MUST’ – 14% (9% high risk, 5% medium risk)
The GNASH questionnaire included:

• Are you able to do your own shopping?
• Are you able to cook your own meals?
• Would you say your appetite has changed recently?
• Would you say you have lost weight unintentionally over the last 3-6 months?
• How much do you weigh now?
GNASH Questionnaire

Key questions correlated well with ‘MUST’:

- Appetite and any recent change
- Weight and any recent weight loss
- General appearance
  - Thin/ very thin
  - Acceptable weight for height
  - Overweight/ obese
  - Loose fitting clothes / jewellery
Questionnaire or ‘MUST’?

- 2/3 Scheme Managers preferred ‘MUST’
- Most tenants – no preference but those that did preferred ‘MUST’
BAPEN – GNASH!

GNASH Report: Results of Study - ‘Best Practice Guide’
Addressing Malnutrition – Seminars
Aims / learning outcomes of CHS seminars

• Understand the meaning of ‘malnutrition’
• Appreciate the prevalence of malnutrition in UK and in Sheltered Housing
• Understand the causes and consequences of the problem
• Be able to screen for malnutrition using the ‘Malnutrition Universal Screening Tool’ (‘MUST’)
• Know how to help a tenant identified at risk
Summary

• Much malnutrition starts in (& returns to) the community
• Break down walls and barriers between care settings and develop integrated strategies
• Work in partnership with other organisations/agencies
• Encourage Commissioners to request service providers to address the problem in the community
• Provide education and training to community based staff –’MUST’ e-learning module
• Muster political clout to raise awareness of the source of the problem
BAPEN Needs you!!

NUTRITION SCREENING WEEK

12th – 14th January 2010
Email: bapen@sovereignconference.co.uk