Kings fund report: A Positive Approach to Nutrition as Treatment

Summary

Many people with severe illness are at risk from an often unrecognised complication — malnutrition. They starve either because they cannot eat or cannot absorb the nutrients from a normal diet. The resulting malnutrition seriously delays recovery from medical and surgical disorders, and at worst is life threatening. Doctors and nurses frequently fail to recognise under-nourishment because they are not trained to look for it.

Evidence in this report shows the clinical and financial benefits which can result from better diagnosis and treatment of malnutrition. It also explains why, despite the existence of methods for supplementing or replacing normal food to aid recovery, arrangements for coping with clinical malnutrition in the UK are unsatisfactory.

To some extent the problem arises because the patients affected are not a unified group all suffering from the same illness or a disorder of one bodily system. Patients range from the very young to the very old. They comprise temporary or permanent sufferers from malnutrition linked to illness involving any system. Some patients most obviously at risk have had surgery for gut removal, but there are many other disorders which hinder absorption of nutrients such as bowel inflammations or cystic fibrosis. Poor appetite, difficulty in swallowing, or handicaps such as arthritis, motor neurone disease or multiple sclerosis, may limit a person's capacity to prepare, swallow or enjoy meals.

Nutritional support depends on giving a balanced formulation of energy, protein, minerals and vitamins as a drink, as a tube feed directly into the stomach or intestine, or as an infusion into a vein.

The recommendations for improved care in this report concern the recognition of malnutrition at an early stage and the organisation of nutritional treatment in the most cost effective manner. Their successful introduction depends on a new attitude to malnutrition by the caring professions and a new approach to the division of responsibilities between doctors, nurses, dietitians, pharmacists and other staff. Each has a particular contribution to make; a team approach is paramount.

Patients who are already malnourished are at a disadvantage if admitted for hospital treatment. Ideally, malnutrition should be recognised and treated before admission. However, this ideal is impossible to achieve because many patients are first seen as an emergency. However, it is important for GPs and nurses in the community to watch for signs of under-nourishment so that nutritional supplements can be given at home whenever possible. At least 30,000 patients are currently given temporary nutritional support after admission to hospital. One estimate of the potential savings to the NHS of improved recovery rates and shorter stays through nutritional support puts the figure at £266 million per year.

Over 1,000 potential sufferers from malnutrition are currently treated at home after discharge from hospital. These patients free a hospital bed and enjoy the freedom of home after careful training in how to give themselves the nutritional support needed. Their treatment involves close collaboration between carers in hospital and the community. This report suggests that only a proportion of those who need nutritional support receive it. Published data show that as many as half of certain patient groups are malnourished on admission to hospital. During prolonged hospital stay malnutrition often becomes worse or develops for the first time. Only when the assessment of every patient's nutritional status has become a routine will the full benefits of nutritional treatment be realised.