



BAPEN
Advancing Clinical Nutrition

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The Newsletter of the British Association for Parenteral & Enteral Nutrition

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Contents

Alastair Forbes	→
BAPEN at ESPEN	p2
ESPEN 2002	p3
Better Hospital Food	p4
The European Society for Clinical Nutrition	p4-5
Clips from Council	p5
LITRE Report	p7
FOOD Trial	p7
Journal Watch	p8
Professor David Silk	p9
BANS update	p10
Diary Dates	p11
Regional Representatives	p12

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BAPEN 2002 - A Brief Review



"Brief but brilliant" – a comment passed to me on the recent half day annual BAPEN meeting linked to the ESPEN meeting at the Scottish Exhibition and Conference Centre in Glasgow. Having had very little to do with the organisation of this I feel able to agree wholeheartedly, without the anxiety that I am being vain or smug. Professor Agostino Pierro and his team deserve our congratulations.

A special mention should go to Dr Barry Jones who gave the inaugural Pennington lecture with great verve and aplomb despite the context, which was for many of us as moving as for Barry himself.

We should not ignore either the substantial contributions made by BAPEN and its representatives (especially Pat Howard) to the main ESPEN meeting. In my view this was the best ESPEN yet, with a nice balance of science and presentations of more immediate clinical relevance. The social side wasn't bad either!

Electronic Posters

Although some thought needs to be given to the auditory side of things, there was general acclaim given to the electronic posters – it was clear that

those who had not made the effort found their hands metaphorically tied behind their backs, and I am sure that there are quite a number who wish they had taken the plunge.

This approach is not without its adverse financial implications, but we shall certainly be looking at this as a possibility for future BAPEN meetings (aiming for electronic posters rather than tying people's hands behind their backs – but you never know!).

BAPEN 2003

This naturally brings me to the important topic of next year's annual BAPEN meeting. The Telford International Conference Centre should by now be in your diaries for 19-20 November 2003. It promises to be a great meeting with a series of important multi-disciplinary symposia, the launch of the Malnutrition Universal Screening Tool, and an overall theme of nutrition in palliative care.

No less important are the posters and free papers. You still have many months to complete your work and prepare a suitable abstract. I am especially keen to see a large number of submissions from the non-medics and will do my best to see that they get a fair hearing from the selection panel.

Dr Alastair Forbes
Chairman

Where Scotland leads, England should follow

The Media Report from BAPEN 2002

Rhonda Smith, BAPEN's Media Co-ordinator, reports on media activity surrounding the BAPEN Symposium held on the last day of the ESPEN Conference in Glasgow (4 September 2002).

Working with Professor Agostino Pierro, Chair of the Clinical Nutrition and Metabolism Group and of the Symposium and Dr Barry Jones, who delivered the first Pennington Lecture, BAPEN was able to engage in pro-active media relations around the annual meeting in Scotland.

Two media releases were issued. One on Intestinal Failure, the overall topic of the Symposium, was issued to the health professional press. Another on the Pennington lecture, being delivered by Dr Barry Jones, was issued to the Scottish media and to appropriate health titles.

A clear field

As ESPEN had decided against any media activity at its Glasgow meeting, BAPEN had a clear field in terms of potential media interaction. This proved a drawback as well as a bonus.

None of the media outlets – consumer and professional - had the ESPEN meeting listed as a source of stories. As a result, other meetings, activities and storylines were already in the diary – potentially squeezing out interest in our stories.

Where Scotland leads

However, the release on the Pennington Lecture proved irresistible to certain sections of the media.

Continued on Page 2

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Where Scotland leads, England should follow

"Where Scotland leads, England should follow" shouted the headline. It was followed by Dr Barry Jones declaring that he was throwing down the gauntlet to the Department of Health in England, regarding the management of patients receiving Home Parenteral Nutrition (HPN).

The Managed Clinical Network set up in Scotland was explained in the release together with the difficulties currently encountered in England. Patient statistics were included in the Notes to Editors.

Broadcast success

"We hear so little about the success of Scotland in health terms," said Eleanor Bradford, BBC Scotland's bi-media health correspondent, "this story was like a breath of fresh air. We usually compare so badly with England. The fact that Rhonda was able to provide a case study in Scotland – a story of a patient – clinched it for me."

An interview was set up with Norrie McKillop, an HPN patient and PINNT member who lives west of Glasgow and now has just a short journey when he needs treatment.

"It wasn't always like that," Norrie recalled in his interview. "I used to have to travel down to Salford!"

Carolyn Wheatley, Chair of PINNT, was also interviewed as a representative patient from England whose journey to Harrow from her home town of Christchurch for treatment mirrors many other English experiences.

Dr Barry Jones was also interviewed at the Conference Centre where the BAPEN Symposium was held.



Dr Barry Jones in front of the BBC camera crew

The completed 1.5 minute television piece was full of information and impact. It showed Norrie with his wife and the kit he needs to safely dispense his own artificial nutrition treatment. Norrie's comment that 'this is my fish and chips' as he pointed to his mix was particularly memorable!

The BBC correspondent Eleanor's introduction and voice over were spot on, and there can be no doubt that viewers who watched the broadcast at lunchtime and evening on Wednesday, September 4th, and on Thursday morning would have acquired a clear understanding of artificial nutrition support.

BBC Radio Scotland also broadcast an interview using the same material on Wednesday and Thursday. The voices of Norrie, Carolyn and Barry were all heard alongside that of Eleanor.

The investment of time of all involved in these time-consuming pieces was amply rewarded by the results achieved.

*Rhonda Smith
BAPEN Media Co-ordinator*

Intestinal Failure – Patients now survive and enjoy a good quality of life

Science and Surgery promise even greater progress

"Twenty years ago patients with intestinal failure died," said Professor Agostino Pierro in his opening address as Chairman of the BAPEN Symposium on Intestinal Failure.

"Today, thanks to the introduction of parenteral nutrition and improved surgery and techniques, intestinal failure has become manageable, with more adults surviving with good nutritional status, and children able to grow and thrive."

In the UK, there are 500 patients receiving total parenteral nutrition support (with no or very little nourishment taken by mouth). Each year, around 140 new referrals for Intestinal Failure (IF), adults and children, are reported to the two nationally funded centres in Harrow and Salford. 55% of these referrals receive parenteral nutrition (fed straight into a major vein). More than 17,500 people (adults and children) are receiving artificial nutrition support of some kind.

Whilst some will require such support for only short periods of time, to allow the digestive system to recover after surgery for example, many require artificial

support for the rest of their lives.

The numbers of patients receiving such treatment is growing year on year by approximately 20%. The vast majority of patients live at home, supported in England by the two nationally-funded centres, together with a number of unfunded centres, local hospitals which have varying degrees of expertise, and support services provided by the manufacturers of the artificial feed. Many go out to work, enjoy family lives and holidays abroad.

Professor Pierro, of the Institute of Child Health, London continued: "However, the introduction of parenteral nutrition, improved management of treatments and surgery over the last twenty years, has not solved the problem entirely as patients succumb to infections and some to liver failure."

Recent innovations in surgery and science hold out the prospect of a quantum leap in the long-term prospects for patients – and this is why BAPEN chose Intestinal Failure as its Symposium topic for 2002.

"For a few selected patients, intestinal transplant is a last resort. Although initial results for this major surgery have been poor, recent improvements in techniques demonstrated in Pittsburgh may result in this becoming a valid option for more patients. Dr Kareem Abu-Elmagd from Pittsburgh shared his knowledge at the Symposium."

"Advances in tissue engineering which can create a new bowel for patients from various cells, using a technique known as scaffolding, has a great future and the potential to transform lives. Dr Tracy Grikscheit from Massachusetts General Hospital, Boston discussed recent evaluation of work in this exciting area."

Professor Pierro concluded: "BAPEN's aim through this Symposium was to share the successes already achieved in improving patient outcomes provided by multi-professional teams via management, surgery and care, and to look forward to the exciting developments in progress for patients with intestinal failure."

*Rhonda Smith
BAPEN Media Co-ordinator*

from Page 1

Fourteen journals including Hospital Doctor, Nursing in Critical Care and the International Journal of Gastroenterology requested further detail on the speakers and presentations. Coverage is likely to appear over the coming months.

Web links

Coverage of the 'Scotland leads the way' part of the BAPEN Symposium story also appeared on

www.health-news.co.uk,
www.netdoctor.co.uk and
www.bbc.co.uk/health,

The latter even had a link to the BAPEN website. Copies of the press releases from the BAPEN Symposium will be available on the BAPEN website.

For the official ESPEN Congress newsletter simply go to www.novartisnutrition.com

If you see coverage of BAPEN and its work in publications or on websites, please do let me know. Even with a press cuttings service, it is very easy to miss coverage.



Email me details on
rsmith@gciuk.com.

ESPEN 2002

Sharing Competencies The way forward for Nutrition?

Inter-disciplinary approaches are proving an important way forward for the nutritional care of patients.

In particular nurses and dietitians can work well together, especially if they spend time learning about each other's areas of competency.

At ESPEN in Glasgow this September the European nurses and dietitians groups ran a joint session. There were two presentations on sharing competencies.

Communication at its best

Each presentation was given jointly by a dietitian and nurse, demonstrating interdisciplinary communication and sharing of skills at its best.

The first pair to present were myself as a dietitian, and Gill McHattie, nutrition nurse specialist, both from South Glasgow University Hospital Trust in Scotland.

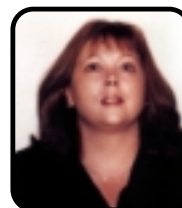
We were followed by two people from Holland who had worked as a team, Cora Jonkers, dietitian and Fred Prinse, nutrition nurse specialist, who worked together for several years but now no longer work in the same Trust. Both pairs presented a history of

developing a service to patients on artificial nutritional support and developing the role of the nutrition support dietitian and the nutrition nurse specialist. The presentations were remarkably similar indicating that we had the same visions for the way forward.

Scarce resources could block the way forward

The audience received the ideas enthusiastically. However, several dietitians from southern European countries commented that resources are scarcer in their hospitals and therefore services are not so well developed; but it does give them something to aim for!

This forum promotes active discussion between nurses and dietitians and promotes the ethos of ESPEN to share ideas and practice among professional groups. Hopefully this type of forum will continue to be on the programme for future ESPEN meetings.



*Carole Anne McAtear
Chairman PEN Group*

P.I.N.N.T - at ESPEN 2002

The ESPEN Congress this year in Glasgow gave PINNT the chance to renew many old friendships from all over the world. In particular those from the Swedish and French Societies for Home Parenteral Nutrition, 'Children & Youth' who we shared a stand with.

Young People Making an Impact

The joint impact of the PINNT posters and the selection of photos of children and young people making the most of life on TPN from Sweden and France created a lot of interest on the stand.

How Support Groups Work

We had many enquires from delegates from the Arab States, South America, Africa and the newer European countries. They wanted to know about how the support groups worked and how they help other patients by providing understanding and contact between parents, and to eliminate some of the problems which



Representatives from around the world gather at the PINNT stand at Glasgow come with treatment.

It was a hectic four days with lots going on and our mixed group on the stand had

a great time. We are all looking forward to meeting again next year in Cannes.

*Geoff Simmonett
PINNT*

ESPEN - the European Society



Jeremy Powell-Tuck

To those of you who thought they knew what ESPEN stood for, the title may have come as a surprise. Increasingly ESPEN is not being spelt out to emphasise its role as a PEN society - though it still

importantly fulfils this - but in its initials ESPEN with the suffix as above.

Broadening Our Remit

The Society's desire is to broaden its remit and attract input from a broad church encompassing the whole of Clinical Nutrition. So pass the word that ESPEN is now for the study and care of individuals who are overnourished as well as

undernourished. Members of the Nutrition Society and BDA in particular, please take note!

ESPEN 2002, held in the Scottish Exhibition and Congress Centre in Glasgow, was very well supported by a large British contingent numbering around 650. There were about 2800 delegates from 70 different countries.

The meeting was marked by some important scientific developments centred around proteomics and genomics, and new work linking the physiology of microgravity with immobility.

Care for All Ages?

The meeting had a slightly Bunyanesque title "Patients Progress - the Journey from Science to Practice". It sought to reflect

the journey through the ages of man from foetal and neonatal care through to care of the elderly, and the journey from community through hospital acute care to the convalescent phase and back to the community.

It tried to encompass cutting edge science and innovation in clinical practice and education. It also sought to provide an excellent platform, not only for the 130 invited speakers, but also especially for the presenters of new research.

Crucially there were 291 posters, and 65 original oral presentations. All presenters had the opportunity of presenting their work in chaired sessions, either as an e-poster, or in original communication sessions or integrated into relevant symposia.

The Better Hospital Food Project in England (BHF) *An update*



This year has been a time of consolidation for BHF, giving Trusts the time and opportunity to implement the targets for improvement of food services set last year.

The performance of Trusts in this regard has been an important part of the recently announced star ratings. Next year the Commission for Health Improvement takes over the performance assessment of Trusts and it is likely that patient environment issues such food service will play a greater part.

The BHF panel is currently working in several areas of development and the following is a very brief summary. More information can be found on the BHF website www.betterhospitalfood.com where contact details for the NHS Estates implementation team can also be found.

Patients' Catering - Satisfaction Survey

This survey tool continues to be refined and it can be downloaded along with an Access database specifically designed to collate the results and produce a number of standard reports.

Catering in a Modernised NHS

This project is the development in sections of a manual of good practice for the NHS. The first sections likely to appear will be:

- Best practice on food service at ward level – a practical guide for ward based

staff on all aspects of the ward environment and food service. Improving Nutrition in the NHS – this is a collaboration between various departments in the Department of Health. Marinos Elia, Simon Allison, Hazel Rollins and Catriona McMaster are key members of this group. The aim is to emphasise the importance of screening for nutritional risk across the whole of the NHS and provide clear and practical guidance about good quality screening and the action that should be taken as a result of screening.

Managing Waste in NHS Catering Services

- Cost Management in Catering Departments – a project to benchmark food service expenditure across the NHS in England.
- Safer Food Programme – a project refining the specification and purchasing and procurement arrangements for food supplies to the NHS.
- Design of NHS Tableware
- Protected Mealtimes Programme – a project to encourage hospital wards to "protect" mealtimes and prioritise nutrition related activity at these times, ensuring that the patient can enjoy their meal without interruption.
- Patient Environment Review Systems – refining and developing the work of the Patient Environment Action Teams who inspect hospital trusts.

- Review of Sponsorship and Purchasing Opportunities for the NHS
- Review of Regeneration Trolleys used in the NHS
- Partnership Sites Club – this is a group of Trusts who have implemented the BHF targets and provides an opportunity to share experiences. Fifty NHS Trusts are now in the Club. The next scheduled meeting is on 18th September.
- Beacon Sites programme – this project involves two or three Trusts who will be working in partnership with NHS Estates to iron out the issues and barriers to development related to food service improvements outlined in the NHS Plan.
- Patient Beverages

The success of food services for patients is critical for the nutritional health of the in-patient population and it is dependent upon the enthusiasm and commitment of the whole multi-disciplinary, hospital team. Porters, cleaners, caterers, managers, ward staff, medical staff, nursing and dietetics all have a crucial role to play. The BHF project recognises this and provides us with a great opportunity to tackle much of the undernutrition we see in our day to day practice.

*Rick Wilson,
BDA representative on the Better
Hospital Food Panel*

for Clinical Nutrition - An Update

We felt the increasing influence at the congress of the ESPEN special interest groups. These bring together experts in areas regarded as needing particular and on-going emphasis - currently isotope labelling, gene-nutrient relationships, perioperative care, clinical trials and antioxidants.

Simon Allison Hands Over

This ESPEN marked the completion of Professor Simon Allison's distinguished period as chairman of the society, an occasion marked at the council meeting, and at the General Assembly with a presentation.

Dr Claude Pichard (Geneva) who has done such excellent work with the website takes over as chairman. Also honoured was Pat Howard on her retirement from the ESPEN education committee after eight years on which she has had enormous influence.

At the Council meeting we heard of the

Education Committee's wish to learn from all countries about the accreditation needs of nurses, doctors, pharmacists and dietitians.

Clinical Nutrition - Making an International Impact

We heard too, the excellent news that the Impact Factor of "Clinical Nutrition" has risen to a very respectable 2.5 putting the journal in 5th position for this subject internationally.

We heard that the ESPEN basic textbook had now been translated into seven different languages, the most recent being Chinese.

Next year's meeting will be hosted by the Israeli society and will be held in Cannes. This will be the silver jubilee of ESPEN and already Pierre Singer and his team have brought together a most promising programme which will include symposia

linking with ESPGHAN and ESICM.

Among the themes insulin resistance will be prominent, including the effects of critical illness, obesity and exercise thereby reflecting the Society's subtle broadening of emphasis.

Annual Subscription Challenge

Finally there remains the perennial problem of retrieving ESPEN subscriptions, both individual and Block. Please make a special effort this year to ensure that yours is paid in good time. Remember that these subscriptions are handled not by a large professional office but by individuals who devote many hours of their spare time to the society.

Simon Schwarz, our treasurer, hugely deserves our support - and the least we can do to make his job possible is to ensure that we don't have to be chased for our subscriptions.

*Jeremy Powell-Tuck
ESPEN Representative, BAPEN*

Clips from Council

In July of each year Council debate issues and opportunities of a more strategic nature at a 'Think Tank' meeting and the following is a summary of the main subjects covered:

Regional Representatives

Dr Simon Gabe has agreed to chair this group in the absence of other volunteers. The value of representation at a local level to promote the aims and objectives of BAPEN is readily accepted and the concept of multi-professional teams to support this was agreed. The Founder Organisations will be asked to identify individuals for this purpose.

Royal College of Physicians (RCP) Report

The key concept of this report is that all doctors should know about nutrition. The presence or absence of a clinical nutrition support team is a key benchmark, a clinical governance issue and a potential vehicle for an accreditation process. Alistair Forbes is to write to the RCP President and to all the post-graduate deans to raise awareness of the issue.

Each profession should consider how they can best support an initiative to accredit hospitals. All the Royal Colleges should be involved as well as the Nursing/Midwifery Council. Dr Alastair Forbes will also write to the President of

all such bodies to highlight the clinical governance and training issues. In addition, the PCTs need to be approached and a short summary of the RCP report will be sent with a covering letter to Clinical Governance Leads.

Devolved Representation

There is no clear demand from the grass roots for local representation on Council, except for Scotland, and the present role of the regional representatives is not sufficiently evolved to base the organisation on. However, the need for a local multi-professional team elected by the Founder Organisations to support the representatives was reaffirmed.

Influencing the Power Bases

The key bodies are the Royal Colleges, the Dept of Health and NICE. Alistair Forbes is to take the lead in approaching the Royal Colleges and MAG continues to be active with the DoH. However, NICE remains a challenge, even though BAPEN is a registered stakeholder, and a different approach will be considered.

2003 Conference

This will take place in Telford on 19th and 20th November and will be organised by Sovereign Conferences. An outline programme has been tabled and any comments can be directed to the Programme Committee.

HPN Update

It is reported that the DoH perspective has changed and that there is now a commitment to reviewing the current arrangements for HPN provision. There is a need to ensure that all available expertise should be used and BAPEN should identify what requirements could be highlighted for accreditation purposes. The Wales initiative (Wrexham, Swansea and Cardiff) was reported and it was noted that the Scottish HPN Managed Clinical Network has just produced an excellent initial report which includes draft standards.

Financial Status

Expenditure has exceeded income in four of the last seven years and the current financial arrangements need to be urgently reviewed and revised without compromising any stakeholders to a significant extent. New methods of funding existing initiatives like BANS must be found and money must be raised to support activities by the Research and Science Committee. The officers will be meeting with the Main Industry Group and BAPEN's trustees to discuss how this can be most effectively managed.

*Niall Bowen,
Honorary Treasurer*

BPNG Update - Macronutrients and Current Controversies

Our Summer Symposium on the theme of "BPNG Goes Large – Macronutrients and Current Controversies" was a success again this year. This annual weekend event encourages active delegate participation, with a mixture of presentations and smaller round-table sessions.

Learning from each other's experience and networking are both facilitated by the informal atmosphere and congenial venue.

Jeremy Powell-Tuck gave a comprehensive overview of the clinical requirements for macronutrients, followed by an enlightening (and entertaining) tour through some of the novel substrates by George Grimble. Neither expert appeared hurried when their panel discussion was scheduled immediately before an apparently important World Cup football match!

The second day focused on parenteral lipids; John Puntis set the scene with clinical applications, followed by a Technology Forum covering peroxidation, stability and oil composition.

Delegates had three choices of concurrent roundtable sessions, on the subjects of PN in Critical Care, Novel Substrates, Quality, Drugs and Enteral Feeding, Particulates and Filtration, and Lipids and Drug Stability.

The Annual Dinner gave us an opportunity to show our appreciation to Bruce McElroy, who has worked tirelessly for several years on the Executive Committee and is taking a well-earned rest from his position as Chairman. Vicky Bradnam of Lewisham University Hospital is the new Chair, with Rebecca White as Vice Chair.

The BPNG newsletter was relaunched last year as Feeding Times, which is planned to be issued twice a year. The Summer 2002 issue, timed to coincide with the Summer Symposium, introduced the membership

to a newly formed EXPERT PANEL, in which over twenty volunteers offer to provide general research-based replies to questions on all aspects of pharmaceutical nutrition. This facility will soon feature on

the BPNG website, which is currently undergoing revision.

*Carol Anne Granger
BPNG Committee*

BAPEN
Advancing Clinical Nutrition

12th Annual Meeting and Exhibition

at
TELFORD
INTERNATIONAL CENTRE
in the heart of England

The British Association for Parenteral and Enteral Nutrition
**Two days of meetings, including
interactive poster presentations**
Wednesday 19th and Thursday 20th November, 2003
at the new International Centre, Telford

for further details please contact the conference organisers:
Sovereign Conference, Secure Hold Business Centre, Studley Road, Redditch, Worcs B98 7LG,
Tel: 01527 518777 Fax: 01527 518718 Email:enquiries@sovereignconference.co.uk Website:www.sovereignconference.co.uk

What's Been Happening in the LITRE committee?

Our committee has been very busy; we only meet four times a year so the agenda is always a full one. We have a new representative from industry, also a Paediatric Nurse Specialist has joined and two of our members have had a baby.

The new LITRE drip stand is now available with all the additional features. These include a slightly wider base for greater stability for larger feed bags and a choice of hook, a short one for TPN and a longer one for EN feed bags, as some of them come in large square packs. The height is also a little higher to accommodate the longer TPN bags. Also, the wheels have been reversed to make it easier to tilt back when pulling it along. If you are not mobile and would prefer a static version we can now provide one with four rubber feet and no wheels.

We are doing a survey on the blockage of TPN lines and will be sending it out to all TPN PINNT members. We will be asking our Chairman, Dr Alastair Forbes at St Marks, and Dr John Shaffer at Hope Hospital to ask if it can be given to their

patients as well. This would widen the scope of the questionnaire and produce a better report.

In the discussions at the PINNT anniversary weekend several people highlighted that there had been problems with the giving sets for the Baxter 6060 pump and the possibility of there being a design fault. We contacted Baxter about this and they have agreed to meet with the Committee to discuss this problem. They will be attending our next meeting in October.

Because of feedback from members who have had a leaking gastrostomy we contacted all the hospitals with Gastroenterology departments to invite them to take part in a survey of the problem. Seventy centres took up the invitation and they all received their packs in April and had to monitor their patients over the next six months before sending in their results. These results are starting to trickle through and we hope to publish them next year. This is another way our committee has responded to what we hear from members of PINNT.

Other areas that we are following up are the introduction shortly of reusable syringes; we have already had one meeting with the manufacturer and were able to put forward a number of suggestions on their development. I hope to trial this new product once the prototypes have been completed. The MDA is also looking into the introduction of reusable syringes and we have a provisional meeting to discuss this.

Another issue that has been raised is the use of stoma products on central lines, which is done in some areas to protect the line at its entry site. We will be looking at the area of dressings and protection of lines as a new project shortly.

For some time we have felt that we have not taken sufficient advantage of our section on the BAPEN website and at our next meeting we will review its content and put forward data to update LITRE's contribution.

*Geoff Simmonett
Chairman LITRE Committee*

The FOOD Trial seeks New Centres

Stroke affects approximately 130,000 patients per year in the UK. In the acute phase over one third have dysphagia. Due to the current lack of evidence, the common dilemma of how to ensure an adequate nutritional intake at the same time as preventing aspiration is faced. Some centres opt for a 'nil by mouth' approach in the hope that the swallow reflex will soon recover, whilst others actively attempt to feed via percutaneous endoscopic gastrostomies (PEG) or nasogastric (NG) tubes.

In those patients who can still swallow, routine nutritional supplementation is common but again, no large randomised controlled trials have been performed to evaluate its effectiveness. This variation in the way in which patients are fed surely must be unacceptable if it makes a difference to six-month outcome.

The FOOD Trial (Feed Or Ordinary Diet) is an ongoing multi-centre international collaborative randomised controlled trial which addresses the following common dilemmas:

Trial 1. Whether, in patients who can take them, routine oral supplementation during hospital admission improves patient outcomes?

Trial 2. Whether early initiation of tube feeding improves outcomes amongst

patients who cannot take adequate diet orally?

Trial 3. Whether feeding via PEG is better than that via NG tube within the first month of admission?

Patients in whom the responsible person is uncertain about the best feeding policy are randomised into the trial(s) which address that uncertainty. Patients can be randomised into one, two or even all three trials. To randomise patients, simple baseline data are collected via a 24-hour telephone randomisation system to allow minimisation on key prognostic variables including nutritional status. Data are collected at hospital discharge to monitor compliance with allocated feeding policy and to identify in hospital complications, deaths and length of stay. At six months surviving patients are followed up centrally (by post or telephone) to establish survival, functional status (Modified Rankin Scale) and health related quality of life (EUROQoL). To answer these questions conclusively we need to randomise 9000 patients by the Year 2004.

We are at a critical time in the trial. We are only half way to our target of 9000 patients. We need more centres to become involved in the trial. Many hospitals now have a dedicated stroke unit, with a multi-disciplinary team

working together. Questions around feeding are being raised in these units, and the FOOD trial will hope to answer some of these. However, we need more patients.

Would you be able to help? There are also a number of centres where the trial was working, and due to staff turnover, changes in service etc., recruitment has stopped. We need those centres to come back on board if possible. Often the manual is sitting on the shelf in an office and it is seen every day, but the "memory" of the trial has been lost. If this is your centre Yes! the trial is still running, and we need you.

If you and your team would like to help solve these feeding dilemmas, randomise your patients into FOOD!

For further information about this trial, or information on how to restart or to arrange for a presentation about the trial to your unit or group, please contact:

**Carol Williams, FOOD Trial Co-ordinator,
Neurosciences Trials Unit, Western
General Hospital, Edinburgh EH4 2XU**

**Tel: 07946 456 921
Fax: 0131 3325150
email: caw@skull.dcn.ed.ac.uk
www.dcn.ed.ac.uk/food**

BAPEN – Education and Training Committee



In recent months the Education and Training (E&T) Committee have been involved in a number of activities and 'In Touch' provides us with an opportunity to share with you what we have been up to.

In fact some of you may recently have completed a questionnaire that focused on views of delegates who have attended a BAPEN meeting. If you have not received a questionnaire but would like your views to be counted just let me know and I'll send a questionnaire on to you.

We are delighted that the Association of Surgeons of Great Britain and Ireland has invited BAPEN to run a symposium at their meeting in Manchester next May. The topics that will be explored in the symposium are immuno-nutrition and bacterial translocation. Needless to say we hope this recognition of BAPEN by the Association of Surgeons will engender an interest in clinical nutrition by our surgical colleagues.

Still on the subject of surgeons did you know the Royal College of Surgeons (Glasgow) has been instrumental in establishing the 'Cyber Medical College'. As the name implies the College is a virtual learning environment that has been developed for use by clinicians.

It is pleasing to note they have materials on clinical nutrition and Dr Ruth McKee (Surgeon and member of the BAPEN E&T

Committee) has been asked to review this learning programme.

Building on the success of the interactive workshops run at ESPEN 2002 we are planning to hold something similar at BAPEN 2003 (Telford). We would welcome any topic ideas and areas of practice you would like to see included.

Grasmere?

Finally, whatever happened to the Grasmere course. You will be pleased to learn that we are holding a meeting next month to review this course and set some dates for future meetings. We will of course advertise the course and if you are interested I would suggest you review the BAPEN website.

*Dr Rosemary Richardson
Chair Education and Training Committee*

Journal Watch - from a Pharmacist's Perspective

M.G.Serna-Thome et al (2002) Practical aspects of intradialytic nutritional support. *Curr. Opinion. Clin. Nutr.Metab.Care* 5: 293-296

Patients with end stage renal disease have a high incidence of protein energy malnutrition, reported figures ranging from 18-56%. Optimising nutritional intake in these patients can be difficult as oral supplementation is not always successful due to loss of appetite and an unwillingness to have an enteral feeding tube placed.

The authors of this review provide an excellent introduction to this area and present the evidence supporting the use of intradialytic parenteral nutrition (IDPN).

The authors highlight the criteria established by Lazarus for initiating or discontinuing IDPN, and outline the optimised regimen for use via this route. The need for further controlled studies in this area is identified.

Lazarus.J.M. Recommended criteria for initiating and discontinuing intradialytic parenteral nutrition therapy. Am.J.Kidney.Dis (1999) 25:211-216

D.A.Neumann, M.H.DeLegge (2002) Gastric versus small-bowel tube feeding in the intensive care unit: a prospective comparison of efficacy *Crit. Care Med.* 30 (7): 1436-1438

This prospectively randomised study was designed to compare the efficacy of

nasogastric to post pyloric feeding in the ICU setting. The exclusion criteria included ileus, intestinal obstruction, pancreatitis and gastroparesis, therefore the patients who were selected were all suitable for nasogastric feeding.

The outcome measures were time to successful tube placement, onset of feeding and achievement of goal feeding. Episodes of clinically significant aspiration were also recorded.

The patients fed into the stomach received nutrition sooner and with fewer attempts at tube placement than patients fed into the small bowel. They also had a lower incidence of excessive residuals (>200mls) although this was not statistically significant.

This study confirms that gastric feeding offers a safe and efficient means of providing enteral nutrition support to appropriately selected critically ill patients.

S.A.McClave, L.S.Marsano, J.K.Lukan (2002) Enteral Access for Nutrition Support – Rationale for Utilization *J.Clin.Gastroenterol* 35(3):209-213

This is a comprehensive review of the evidence of the role, advantages and practicalities of providing enteral nutrition support in the critically ill patient. It addresses issues such as timing of initiation of enteral feeding, volume of infusion and modifying risk of aspiration.

Emphasis is placed on the importance of adequate endoscopic expertise in the placement of the tubes and the clinical judgement to assess tolerance.

P.A.Ball (2001) Methods for assessing stability of parenteral nutrition regimens. *Curr.Opinion.Clin.Nutr.Metab.Care* 4: 345-349

All-in-one (A-I-O) parenteral nutrition solutions are frequently a mixture of over 60 different chemical species, therefore it is unsurprising that assessment of the interactions between these species and the 'stability' of the system is a critical aspect of ensuring safe use of these solutions.

The increasing use of 'in-line' filtration for the administration of parenteral nutrition has brought emulsion stability into question as many regimens that were considered 'stable' are causing filter blockage.

This review outlines the methods currently available for assessing the stability of A-I-O admixtures. It highlights the limitations of current methodologies and calls for the nutrition societies to develop clear definitions for PN stability.



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An Interview with Professor David Silk

BAPEN's second Chairman has recently been appointed by Imperial College as Professor of Clinical Nutrition

When asked whether it was a surprise when he was advised of his appointment to Professor of Clinical Nutrition, David Silk replied: "Very much so. I thought I had reached a stage in my career when nothing would change, and I also felt that it was generally believed that I didn't want promotion."

The truth of the matter is that he hadn't ever been asked. Always so busy with his NHS commitments, private patients and research, the possibility had never come to the fore.

Research funding

Silk continued. "I believe and hope that this appointment will make an enormous difference to the field of clinical nutrition and what I can continue to achieve. For example, I hope I will have a much better chance of attracting significant money for research into clinical nutrition now I have a formal appointment at Imperial College."

Indeed, he chose his Professorship in clinical nutrition above gastroenterology, the speciality in which he trained and to which he has devoted a great deal of his professional life.

Trained at Guys, followed by formative years at Barts under the expert supervision of distinguished gastroenterologist Sir Anthony Dawson, Silk has spent over 20 years as clinical lead in gastroenterology and nutrition at the Central Middlesex Hospital. His attention has, in the main, been focused on the physiology of absorption in gut motility in functional bowel disease as well as of course to questions surrounding clinical nutrition.

IBS success

His leadership of the IBS Appeal based at the Central Middlesex, which has resulted in research results, booklets and newsletters has given him great satisfaction.

"However," Silk adds, "I never forget that any success I may have achieved in my professional life has, to a large extent, been due to the work of the Research Fellows I have been able to employ – with the help of individual charities and of course industry."



Professor David Silk (centre) with his horse Copeland, winner of the Tote Gold Trophy in 2001, with jockey, Tony McCoy, and trainer, Martin Pipe.

Photograph reproduced with permission and © Gerry Cranham.

Professor Silk acknowledges the huge contribution that colleagues and other contemporaries have made to the fields of gut motility and clinical nutrition.

"My work of which I am most proud is that on sorting out colonic motility patterns in IBS.

I think that in recent years the most important areas of work that have contributed significantly to clinical nutrition, and in which I have played a part, are those of understanding the pathophysiology and enteral feeding related issues of gut motility and the use of post-operative nutritional supplements – and just presented here at ESPEN that of pre-operative supplements. I believe these areas will without doubt improve patient outcomes."

Birth of BAPEN

"I am also very proud of the part I played in the foundation of BAPEN," continues Silk. "Pooling opinions with John Lennard-Jones and Marinos Elia, we found that we all believed in the need for a multi-disciplinary national body to take clinical nutrition forward.

An informal tea-party with influential members of the Board of the King's Fund (with cucumber sandwiches I seem to recall), resulted in the formation of the King's Fund Working Party and the

publication of the seminal Kings Fund Centre Report.

And, as they say, the rest is history."

Multi-disciplinary life

"I have a very tolerant wife," says David when asked about his personal interests and hobbies which he fits in around his wide-ranging medical commitments. "I play golf, fish, shoot and above all breed racehorses."

The latter is a family affair with both his wife and daughter involved.

"There is nothing more exciting in life than seeing a young horse grow for five years and be successful.

Our greatest thrill and triumph to date is watching our horse Copeland win the Tote Gold Trophy last year, the biggest handicap hurdle race in Europe. If I had time for another career it would definitely be as a racehorse trainer!"

As he embarks on further work in ulcerative colitis and Crohn's and improving the design of enteral feeding tubes, it is hard to imagine this larger than life character slowing down – on any front.

Indeed on retirement, Professor Silk declares: "The one thing that would make me throw in the towel is if the job becomes top heavy managerially. What I need is more time to be creative, not less. But I can truly say that I have enjoyed my professional life enormously and wouldn't change a thing!"

Rhonda Smith talked to Professor David Silk at ESPEN in Glasgow in September 2002. Interviews with the UK's other Professors of Clinical Nutrition will follow in future editions of In Touch.

INTouch

If you have a food or nutrition related project that you would like to discuss or publish details about, then contact the editors to find out what you need to do.

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Current Aspects of Artificial Nutrition Support in the UK

The latest report from the British Artificial Nutrition Survey (BANS) is currently being printed and will be sent to reporters soon. It differs from last year's report, as some aspects of enteral tube feeding (ETF) and parenteral nutrition (PN) change little from year to year, and the BANS Committee felt that repeatedly reporting such information is of limited value. Instead, we have focussed on changing trends that remain of general interest, such as changes in prevalence and growth of artificial nutrition support, and undertaken a more in-depth evaluation of specific areas.

The areas we have looked at in more detail are cancer patients receiving home artificial nutrition support (HANS), the patients perspective on HANS and catheter-related sepsis in patients on PN in hospital.

The findings included in the report are based on an analysis of information gathered by BANS between 1996 and 2002.

The information on the patients' perspective is based on an analysis of part of a detailed questionnaire that was sent via BANS reporters to patients on home enteral tube feeding (HETF) and home parenteral nutrition (HPN). We would like to take the opportunity on behalf of the BANS committee to offer special thanks to all centres that participated in this activity.

Trends in prevalence and growth of home artificial nutrition support

- The number of patients on HETF per registering centre has continued to grow steadily between 1996 and 2001 at a rate of up to ~20% per year (point prevalence). The total number of adults and children receiving HETF at the end of 2001 in the UK was estimated to be 20,000-25,000 (~340- 430/million population).
- There has been a slow growth in the number of patients on HPN, with an estimated point prevalence of 500-700 in the UK at the end of 2001. The point prevalence in Scotland and the North West region of England (about 14/million population), where there is a 'national' intestinal failure unit, is greater than other parts of the UK.
- In the former Trent region, the point prevalence of HETF in 2002 was estimated to be 324/million of population, with more than a two-fold variation between locations.

Patients with cancer receiving HETF and HPN

- Between 1996 and 2001 there has been a steady increase in the incidence and point prevalence of patients with cancer on HETF, partly due to a general growth in HETF, and partly to a preferential increase in the use of HETF in patients with cancer (p(trend) <0.001). In 2001, 1 in 4 adults who started HETF and 1 in 6 of those who were receiving it at the end of the year had cancer.
- There has been a two-fold decrease in the proportion of patients receiving HETF because of oesophageal cancer, and an increase in the proportion with other upper gastrointestinal tract (GIT) malignancies. GIT cancers accounted for about 95% of all types of malignancy in adult patients receiving HETF. There has also been an increase in the number and proportion of adult patients receiving HPN because of cancer (p(trend) <0.03 for the period 1996-2001). In 2001, 1 in 7 patients starting HPN and about 1 in 20 receiving it at the end of the year had cancer.
- The number and proportion of registered children on HETF with cancer was lower than in adults (1 in 12 children who started HETF in 2001 and almost 1 in 25 children receiving it at the end of 2001). Less than half of these children had malignancy of the GIT, with the main diagnoses being cerebral tumours or leukaemia. No registered children started or received HPN in 2001 because of cancer.

Catheter-related sepsis in hospitalised patients receiving PN

- A pilot audit of catheter-related sepsis rates in patients receiving PN in hospital revealed wide variability in incidence, with a particularly high incidence in some centres. There was lack of auditing in the majority of centres.

A survey on the patients' perspective of HETF & HPN

- A survey of a sample of patients on HETF and HPN (completed in 1999) assessed quality of life using the EuroQoL questionnaire and found it to be poorer and more variable than that found in the general population. The majority of patients had moderate or severe problems with mobility, self care, usual activities, pain/discomfort and anxiety/depression. These dimensions of quality of life were generally worse for patients on HETF than HPN, except for pain/discomfort, which was worse in HPN patients.

Organisation

- Nutrition support services do not appear to operate optimally, since most hospitals do not have a nutrition support team (NST), and shared care protocols, and agreements with GPs in the case of patients on HETF do not appear to be universally established. The data point to a need for integrated nutrition support services across care settings to ensure efficient transfer and optimal care of patients discharged on home artificial nutrition support.
- The proportion of patients using a commercial home care delivery service has progressively increased between 1998 and 2001 from 59 to 79% for HETF, and from 74 to 89% for HPN.

As usual, the information submitted to BANS has been analysed anonymously and not related to the area from which it was obtained. Information on patients starting HANS has not included details of their address apart from the postcode. The full postcode may closely identify the location of the patient, and cause potential problems with some stringent ethical committees. If this is a concern, in the future you need only provide the first part of the postcode, which allows location of the patient over a much broader area.

We are of course keen to collect as much accurate information as possible, and for this we heavily rely on the registration centres. We are exceedingly grateful to all those who have put time and effort into completing the forms. To allow a more complete and more confident analysis of the data in future we would encourage all reporters who are unsure or unable to answer questions, particularly in Form A, to approach appropriate individuals for the relevant information.

If you have any specific comments to make, or would like to suggest topics for next year's report, please do not hesitate to contact us.

Copies of the report will be available to purchase from the BAPEN office (see front page for details) Priced UK £10.00 +P&P or Overseas £13.00 +P&P.

Information on how to contribute to the national database can be obtained from Streets Heaver Healthcare Computing, 4 Low Moor Road, Lincoln, LN6 3JY.

*Marinos Elia
Christine A Russell
Rebecca Stratton*

On behalf of the BANS Committee

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- ESPEN membership due 1st January 2003. Remember to renew your ESPEN membership. There is a form enclosed with this mailing.
- Abstract submissions for BAPEN 2003 will be handled on-line. Deadline for submission August 1st 2003 Details to follow in the next newsletter.

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		U.K. Dates	
10-11 Nov 2002	European Dialysis and Transplant Nurses Association/ European Renal Care Association	Bristol City Marriott Hotel	Althea Mahon Tel: 020 7601 8282 email Althea@hemutual.net
20 Nov 2002	Obesity Research in the UK	Institute of Child Health, 30 Guilford Street, London WC1N 1EH Tel: 020 7829 8692/7813 8394 Fax: 020 7831 6902 email: Courses@ich.ucl.ac.uk	
21-21 Nov 2002	Complementary Feeding: Current Evidence and Future Directions	Institute of Child Health, 30 Guilford Street, London WC1N 1EH Tel: 020 7829 8692/7813 8394 Fax: 020 7831 6902 email: Courses@ich.ucl.ac.uk	
29-30 Nov 2002	3rd Nutrition and Health Conference	Excel Conference Centre, London, Tel/Fax: 020 8455 2126 or 020 8455 6570 email: admin@nutritionandhealth.co.uk	
4-6 Dec 2002	The British Thoracic Society Winter Meeting	Queen Elizabeth II Conference Centre, London: The British Thoracic Society, 6th floor North Wing New Garden House, London EC1N 8LD Tel: 020 7831 8778 Fax: 020 7831 8766 email: admin@brit-thoracic.org.uk	
5 Dec 2002	Nutrition and Health on the Breadline a conference on nutrition, income and health inequalities	Institute of Physics, 76 Portland Place, London Stephanie Hyman British Nutrition Foundation Tel: 020 7404 6504 Fax: 020 7404 6747	
11 Dec 2002	Artificial Nutrition and Hydration: Science, Ethics and Law	Royal College of Physicians, London Tel 020 7935 1174 email: conferences@rcplondon.ac.uk	
18-19 Mar 2003	Feeding and Eating Disorders of Childhood and Early Adolescence	Institute of Child Health, 30 Guilford Street, London WC1N 1EH Tel: 020 7829 8692/7813 8394 Fax: 020 7831 6902 email: Courses@ich.ucl.ac.uk	
24-26 Mar 2003	22nd Joint Meeting of the British Endocrine Societies (BES)	Scottish Exhibition and Conference Centre, Glasgow' Helen Gregson, British Endocrine Societies, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ Tel: +44 (0) 1454 642210 Fax: +44 (0) 1454 642222 email: conferences@endocrinology.org	
27-28 Mar 2003	Nutrition in the Clinical Management of Disease	Western Infirmary Conference Centre, Glasgow; Nutrition Society Meetings Administrator PO Box 485, Tring, Herts HP23 6YT Tel: 01442 825568 email: e.costin@nutsoc.org.uk	
30 April 2003	Validation of Dietary Intake Data Workshop organised by the Macronutrient Metabolism Group	Venue to be confirmed; Nutrition Society Meetings Administrator PO Box 485, Tring, Herts HP23 6YT Tel: 01442 825568 email: e.costin@nutsoc.org.uk	
1 May 2003	Intestinal Failure Study Day	Manchester, Contact Dr Simon Gabe Tel 0208 2354177 email: s.gabe@ic.ac.uk	
8-9 May 2003	Primary Care 2003	NEC, Birmingham, Laura Brooks, Sterling Events, Tel: 0151 709 8979 ext 200 email: laura@sterlingeevents.co.uk	
21-23 May 2003	Parenteral Nutrition	Institute of Child Health, 30 Guilford Street, London WC1N 1EH Tel: 020 7829 8692/7813 8394 Fax: 020 7831 6902 email: Courses@ich.ucl.ac.uk	
18-20 June 2003	Nutrition Society Meeting organised by the Irish Section	University of Cork, Ireland; Nutrition Society Meetings Administrator, PO Box 485, Tring, Herts HP23 6YT Tel: 01442 825568 email: e.costin@nutsoc.org.uk	
8-10 July 2003	Individual Variability in the Nutritional Response, Nutrition Society Summer Meeting	Kings College, London; Nutrition Society Meetings Administrator, PO Box 485, Tring, Herts HP23 6YT Tel: 01442 825568 email: e.costin@nutsoc.org.uk	
16 July 2003	Lifestyle Modification for Obesity Management	St Johns College, York; Ms C Hawkins, Administrator Officer, Tel/Fax: 020 8503 2042 email: CAHawkins@compuserve.com Website: www.aso.org.uk	
19-20 Nov 2003	Twelfth Annual Meeting of BAPEN	Telford International Centre, International Dates	
4-7 May 2003	The Fifth European Forum for Dietitians	Thermal Hotel Margitsziget, Budapest, Hungary; Anna Foote, Publications Assistant The BDA, 5th Floor, Charles House, 148/9 Great Charles Street Queensway Birmingham B3 3HT email: a.foote@bda.uk.com	
29 May - Jun 1 2003	12th European Congress on Obesity	Helsinki, Finland; The UKK Institute for Health Promotion Research, POB 30, FIN-33501 Tampere Finland www.eco2003.net	
20-24 Sept 2003	ESPEN	Cannes, France	

Regional Representatives

In Touch will now have a regular section from the Representatives. Here you will be kept up to date with our activities and I will advertise positions needed for both the representatives and the liaison officers.

Developing local networks

These are starting to be set up across the country as each rep recruits a team of liaison officers of differing specialities with the aim of holding educational meetings. These teams are recognised by BAPEN council and the Education and Training Committee will be helping to develop the meetings. We are looking for enthusiastic people who want to be part of this exciting development. If you are interested then contact your local representative or me (see below).



Scotland

Scotland is much more advanced in nutritional care than England in many respects. Alastair McKinlay has been actively involved with the Clinical Standards Board for Scotland who are developing a food and nutritional care standard that covers policy, malnutrition screening, the menu, delivery and presentation, communication and training.

There will be essential and desirable standards and Trusts will be visited by the Standards Board to assess compliance with the standards.

This is a system with 'teeth' that is likely to benefit patients and hospitals with respect to nutritional care. On a separate note, Scotland has developed a home parenteral nutrition network that is functioning well and arranging its first training day for March 2003.



The release of the Royal College of Physicians report "Nutrition & Patients" was launched with some publicity at the college and in addition John Lowes and Rick Wilson held interviews with TV, radio and newspaper coverage.

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