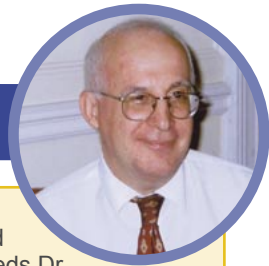




**BAPEN**  
Advancing Clinical Nutrition

## **BAPEN elects new Chairman**



### **British Association for Parenteral & Enteral Nutrition**

Is a multi-professional association and registered charity established in 1992. Its membership is drawn from doctors, dietitians, nutritionists, nurses, patients, pharmacists, and from the health policy, industry, public health and research sectors.

#### **Principal Functions**

Enhance understanding and management of malnutrition

Establish a clinical governance framework to underpin the nutritional management of all patients

Enhance knowledge and skills in clinical nutrition through education and training

Communicate the benefits of clinical and cost-effective optimal nutritional care to all healthcare professionals, policy makers and the public

Fund a multi-professional research programme to enhance understanding of malnutrition and its treatment.

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**Marinos Elia MD BScHon FRCP**, Professor of Clinical Nutrition and Metabolism at the University of Southampton, a Founding Member and Trustee, has been elected Chairman of BAPEN. Professor Elia succeeds Dr Alistair Forbes and will formally take over the reins at BAPEN's Conference in Telford in November 2005.

Since its inception in 1992, BAPEN's mission has been the improvement of nutritional care of patients, through research and education.

*"Thus" wrote Professor Elia in his Electoral Address, "we seek to educate ourselves and all other health care workers about enteral and parenteral nutrition, in the context of the wider field of nutrition and metabolic care. As dietitians, nurses, pharmacists, doctors, patients and industrialists our aim is to hear each other and integrate the contributions of key medical disciplines."*

Professor Elia has a clear vision for the role of Chairman based on a strategy that embraces all disciplines, and that ensures that research, best practice examples and opinions are communicated within professional organisations, across policy departments and out to patients and consumers.

*"I have been devoted to BAPEN's scientific excellence from the beginning,"* Professor Elia continues, *"I have demonstrated dedication to the cause through membership of Council, holding chairmanship posts of several committees, and authored a number of highly influential reports including MAG, 'MUST' and BANS reports. I understand BAPEN's strengths and weaknesses, and believe I can navigate the organisation into a new phase of growth and influence."*

- Marinos Elia graduated in Medicine, as well as taking a first in Medical Biochemistry at the University of Manchester, and became a Rank Fellow in Nutrition at Cambridge, after completing his MD at Oxford in the Metabolic Research Laboratories of Sir Hans Krebs.
- As a senior scientist for the Medical Research Council's (MRC) Dunn Nutrition Unit, he headed the MRC Clinical Nutrition Group from 1985 to 2001, developed the bicarbonate-urea method of assessing free-living energy expenditure, which bears his name, was editor in-chief of Clinical Nutrition and chaired the Clinical Nutrition and Metabolism Group of the Nutrition Society (one of the founder Groups of BAPEN).
- He has more than 500 publications, has written nutrition chapters for the Oxford Textbook of Medicine, and Kumar and Clark's Clinical Medicine, co-authored Disease Related malnutrition: an evidence-based approach to treatment and co-edited a textbook Clinical Nutrition on behalf of the Nutrition Society (to be launched in June 2005).
- As Professor of Clinical Nutrition and Metabolism at the University of Southampton, and practicing clinician, he served as a consultant to the Food and Agricultural Organisation/World Health Organisation and National Institute of Clinical Excellence (NICE), and has chaired several international scientific committees, including committees on evidence-based nutrition support for Numico. Currently, he is editor of five journals of nutrition, chairman of the International In Vivo Body Composition Group, and of the Integrated Nutrition Education Team at the University of Southampton.
- He is also a member of the Royal College of Physicians Standing Committee on Nutrition, NICE Nutrition Guideline Development Group, Intercollegiate Working Group on Nutrition Education, and Scientific Advisory Committee on Nutrition working group on energy requirements.

The BAPEN network congratulates Marinos on his successful appointment.  
**Rhonda Smith, Media Coordinator.**



It is proving an interesting time at BAPEN at present. Many of you will be aware of the ever increasing financial pressures on our collaborators in the nutrition industry. For obvious reasons it has been variously difficult - and sometimes impossible - for BAPEN to defend the industry position, and it is now probable that there will be some degree of alteration in the relationships we have hitherto enjoyed. The Executive Team is working closely with the Main Industry Group and with the Organisational Affiliates to draw together new working relationships. I am reasonably optimistic that while this will entail a substantial reduction in the beginning-of-year subscriptions from industry that BAPEN has been used to, it will also permit new initiatives that give the companies more freedom to support those aspects that are particularly attractive to them, and to develop new areas of collaboration. There is every reason to anticipate a substantially more secure financial base for BAPEN itself. Initially this may imply a lower sum, but the security should pay dividends in the longer run.

Following on from my notes in the last "In Touch", Council has considered our position on food in nutritional support. There was not a unanimous view, but a very substantial majority felt that this was not something that we could be seen to be neglecting, and it was agreed that we should establish a position on Council for a Food Liaison Officer. I am delighted to say that Rick Wilson, head of dietetics at King's College Hospital and a key player in the Better Hospital Food programme, has agreed to take up this position in the first instance. Rick is very well connected, as well as a long-time supporter of BAPEN and I am sure that this will prove to be a very good appointment.

BAPEN is increasingly seen as a national body with clout, and it is encouraging to see a substantial influence emerging in NICE. This does not happen spontaneously of course and Dr Mike Stroud in particular has put a huge amount of effort into their current exercise, devising guidelines for nutritional support and supplements.

We are also getting additional publicity through our involvement in the Nutrition Committee of the Royal College of Physicians of London (now led by Barry Jones), and by the time you read this, BAPEN will have been represented by your Chairman and others at the College's June Open Day, at which we will be offering information and BMI estimations to their lay visitors.

Finally I am delighted to report that, following an active but very courteously fought campaign, we now have a Chairman-elect all set to take over the reins from me in November. The new Chairman will be Professor Marinos Elias. Marinos truly needs no introduction to those working in nutrition given his star-studded academic career (and he was of course the mastermind behind 'MUST'). BAPEN will be in very safe hands indeed.

**Dr Alastair Forbes**  
Chairman BAPEN

## BAPEN official contact details

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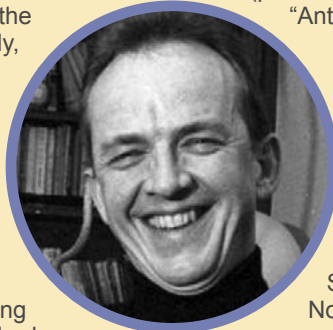
The advice I often give students on essay writing is always to follow the Renaissance paradigm of *in utramque partem* or “on the one hand..... but on the other, but there again I think that....”. The essay should progress through four parts; from physiology to pathophysiology and then, via therapeutics, to a conclusion. Students report that this approach balances the essay, as if by magic. Too much emphasis on therapeutics leads into a morass of meta-analysis and data torture. A heavy emphasis on physiology may prevent the reader from reaching the conclusion that some treatments are, demonstrably, beneficial. Too much pathophysiology can lead to therapeutic nihilism and the conclusion should not be an evidence-free zone.

The Clinical Nutrition Theme of the Nutrition Society (and the Group formerly known as Clinical Nutrition & Metabolism), has followed this balanced approach in a series of Annual Symposia at BAPEN at which the Sir David Cuthbertson Medal was presented to an outstanding young (i.e. less than 40 years), yet nearly established researcher who had made a significant contribution to the field. The wide remit has led to medallist lectures on topics as diverse as metabolic and nutritional effects of abnormal saline, why we MUST use screening tools and lastly, enteral feeding and iatrogenic diarrhoea. The symposia have been well attended. At the 2003 BAPEN Congress, about 400 out of 610 delegates attended a session on immunological and hormonal aspects of critical care medicine. In 2004, the session on “Mortality and morbidity are not the only end-points in clinical nutrition trials” was less well attended (118), but this was against a background of a smaller BAPEN Congress (400).

All UK academic societies report waning interest against the background of large European meetings, which are considered to be more cost-effective and cutting-edge for aspiring researchers and clinicians in training. Of course, the cutting-edge is honed nationally and European societies can only flourish if this is the case. This is why the formation of BAPEN Medical is important to provide a voice within BAPEN for the many hundreds of Specialist Registrars whose interest in clinical nutrition has been whetted by attending short-courses in Nutrition Support. I see BAPEN Medical working in tandem with the Clinical Nutrition Theme which will return to its roots at

BAPEN 2005 with a Symposium on “Modulating post trauma metabolism”. We’ve borrowed Parveen Yaqoob’s idea for a “Theme Team” ([www.nutrition society.org/misc/cellAndMolecularNutrition.htm](http://www.nutrition society.org/misc/cellAndMolecularNutrition.htm)) and have renamed ourselves the Clinical Nutrition & Metabolism Theme (CNMT).

The Symposium programme will complement the (provisional) BAPEN Medical symposium on “Antioxidants in critical care”



1. Metabolic and nutritional aspects of hypothermic treatment of ischaemia-reperfusion injury
2. Hyperglycaemia and pulmonary infection - Emma Baker, St George’s Hospital
3. Molecular & nutritional manipulation of Sarcopenia.- Professor Mike Rennie, University of Nottingham

Our Theme Team; Professor Phil Calder (University of Southampton), Dr Simon Eaton (Institute of Child Health, London), Ms Jackie Hall (Nutrition & Dietetics, Victoria Infirmary, Glasgow) and Professor Rosemary Richardson (Queen Margaret University College, Edinburgh) will be developing new ideas and activities.

Applicants for the 2005 Sir David Cuthbertson Medal should supply a brief curriculum vitae; a 1000 word summary of their contribution to an area of relevance to clinical nutrition and/or metabolism and copies of up to 3 published papers in support of their application. All applications should be sent to the Executive Secretary, The Nutrition Society, 10 Cambridge Court, 210 Shepherds Bush Road, London, W6 7NJ, by 12 noon on Friday 29th July 2005.

We will also be awarding prizes to the principle authors of the two best oral presentations and to the best poster on the topics of Nutrition and Metabolism.

**Dr George Grimble**  
Clinical Nutrition and Metabolism Theme Leader

## MHRA Update

**ALL** medical devices can fail but an increasing number of incidents that result in significant morbidity or mortality arise out of user/device interface problems or because of poor practices.



### Reporting adverse incidents

The Medicines & Healthcare products Regulatory Agency (MHRA) regulates medicines and medical devices. One of their roles is to investigate adverse incident reports involving medical devices; evaluating risks and where relevant take appropriate actions e.g. helping manufacturers with recalls of potentially unsafe devices, improving instructions for use, or improving production quality control. They rely on all healthcare professionals and the public to tell them about these adverse incidents. An adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of patients, users or other persons. You can report adverse incidents involving medical devices by using the on-line reporting system on the MHRA’s internet website [www.mhra.gov.uk](http://www.mhra.gov.uk)

### Use of foley catheters

MHRA is aware of an off-label practice where foley catheters are employed as enteral feeding tubes or to maintain the stoma when tubes are displaced. Unlike such tubes, foley catheters do not have an external fixation device and there is a risk of migration or displacement.

Ensure that medical devices are used in accordance with the manufacturers instructions and for their intended purpose of use (see MDA 2004/006).

**Nicole Toyick**  
Medical Device Specialist  
MHRA

GPs

tube feeding. Those of us working in nutrition support are well aware of the dramatic increases over the last decade in patients registered to receive Home Enteral Tube Feeding (HETF) in the UK and these patients are maintained on this regime for longer<sup>1</sup>.

Bu

h

care and creates challenges for patients, carers and health professionals. One study found that most GPs (91%) had received no education regarding PEG's and 53% of the GPs surveyed had encountered problems<sup>2</sup>. Similarly, patients and their carers feel vulnerable and McNamara et al<sup>3</sup> reported that only 19% of patients / carers felt confident in their GPs knowledge of the process.

But, question

we interviewed a group of GPs in Northern Ireland about HETF with the aim being to explore how they feel about HETF. The specific objectives were to map barriers and training requirements in order to improve management of HETF.

The study included semi structured interviews with 23 GPs. They were not chosen to be representative in age and sex of all general practitioners and participated because of their shared experience of enteral feeding.

### Previous experiences of enteral feeding

Most mentioned that their main experiences of tube feeding were when they were working in the hospital environment, which, for many, was some years previously. Several comments illustrate their lack of recent experience:

*"...enteral tube feeding was mostly when I was in hospital all those many years ago. PEG feeding well, I have had a couple of patients with it but I wouldn't say I knew an awful lot about it" (GP 16).*

*"Well... in the past obviously very little (experience) because it is a fairly new phenomenon and when I was training it was practically unheard of. But presently, or at least in the last number of years, we have had several patients in the practice, so my experience has been based on caring or at least the difficulties of caring for them" (GP 4).*

### Attitude to enteral feeding in the community

Just

are getting nutrition where they can't ordinarily get it" (GP 6).

Others had serious concerns about the management of patients in the primary care setting. One GP remarked:

*"I think it is important and it has its place but I think that currently there is no one taking control about the initiation of it and the reasons for initiating it. There would be a lack of understanding about it in the primary care community" (GP 13).*

At

than those who had none. Doctors who had patients in nursing homes found that they were addressing tube problems that the nursing staff could not deal with.

### Patient selection

With two exceptions, GPs had no involvement in the decision to place a feeding tube in their patient. As one GP observed "no they generally come home from hospital with the tube in place" (GP 18). Another commented "We have had absolutely no role in it" (GP 4). It was observed that it would not be appropriate to be involved in the decision making process in every case. However, the unique perspective of the GP was exemplified by one respondent who commented:

*"I do know about the family dynamics and the situation and the capabilities of the patients and the families to manage that. I don't expect that the crux of the decision should depend on what I say, although it would be nice to be involved in the decision making process but we have this barrier between primary and secondary care so I don't expect that I will be involved in it" (GP 4).*

An

your doorstep" were used. Although only one GP specifically mentioned the term "barrier" (GP 4) between primary and secondary care, others mentioned that primary care was a "dumping ground", (GP 7) "just landed on our door step" (GP 9) or "forced upon GPs" (GP 17). While just under half felt that HETF was a positive treatment for patients, others had serious concerns about the management of patients in the primary care setting. The picture emerged of GPs who felt excluded from the decision to initiate enteral feeding in the community, that no-one had thought through the implications, and that they were unsupported in the community. They were not consulted about discharge in a situation where GPs, in particular, have a unique perspective on the family and background of the patient. Even when patients were in nursing homes GPs felt they had inadequate expertise as they were called in when the nursing staff were unable to sort out a problem. They believed that there are both resource and training issues to be addressed. But, perhaps the strongest message came from those GPs who felt that primary care was used as a "dumping ground", that patients with HETF "just landed on our door step" or were "forced upon GPs".

backdrop to why this is the case. Most GPs did not want to be experts in the area, but they did want some basic information delivered at practice level to allow them to manage both the difficulties in enteral feeding and problems that may arise with patients on an enteral feeding system.

We

discharged and addresses some of the training needs that were highlighted in the study. This training package is currently being

...continued on page 5

## General Practitioners perceptions continued...



evaluated as part of a cluster RCT in primary care. To date over 230 primary care GPs, district nurses and nursing home nurses have been involved in the trial and the results are about to be analysed. We hope that it will provide primary care health professionals with information about enteral feeding when they need it. Unmet education and training needs of health care professionals exist and future targeted training programmes are necessary. A simple, practical training programme may improve attitudes to the treatment and care of patients in the community.

1. *Glencorse C, Meadows N, Holden C. (2003). Trends in artificial nutrition support in the UK between 1996-2002. A report by the British Artificial Nutrition Survey (BANS). A committee of the British Association for Parenteral and Enteral Nutrition. British Association for Parenteral and Enteral Nutrition.*
2. *Heaney A & Tham T (2001). Percutaneous endoscopic gastrostomies: attitudes of general practitioners and how management may be improved. British Journal of General Practice 51, 128-129.*
3. *McNamara EP, Flood P, Kennedy NP (2000). Enteral tube feeding in the community: survey of adult patients discharged from a Dublin hospital. Clinical Nutrition 19 (1), 15-22.*

Sharon Madigan, Research Dietitian, University of Ulster. [Jordanstowns.madigan@ulster.ac.uk](mailto:Jordanstowns.madigan@ulster.ac.uk)

## Hospital food pioneer wins British Dietetic Association award

Rick Wilson, Director of Nutrition and Dietetics at Kings College Hospital NHS Trust, in London, was awarded the prestigious Ibox Award at the British Dietetic Association Awards Ceremony on 15th June 2005 in Cardiff. This award for professional achievement is awarded in recognition of his significant contribution to the dietetic profession.

Rick, who has been a dietitian for nearly thirty years, has become well-known for his outstanding work in raising awareness about the role of hospital food in the nutritional care of patients. He has represented the dietetic profession widely, his tireless contribution ensuring that the role of the dietitian remains central to food service. Rick commented: "Being a pragmatist, I could see that hospital food was deteriorating some years ago, food had fallen off the agenda, and I could see that improvements could be made by making a number of basic steps. Though still a long way to go, I am proud to have been one of the people who made moves to catalyse these changes."

Rick represents the British Dietetic Association on the Better Hospital Food Panel and has contributed to TV and radio programmes discussing the role of food in hospitals. He was recently recognised in a broadsheet newspaper's 'top ten' dietitians in the country.

On winning the award, Rick said: "I am delighted to have been nominated for this award by my peers. Food is pivotal to the work of dietitians and we should not lose sight of the important role that food has to play in our mission as dietitians."



Rick Wilson presented with the Ibox Award by Susan Jones, Chairman of the British Dietetic Association.

## Better Hospital Food update

There has been a great deal of activity to determine the future direction of the Better Hospital Food (BHF) project in England since I last prepared this column. Since then we have had a General Election and the Government's review of NHS Arms Length Bodies has seen a massive shake up in how the BHF project is managed.

Until now NHS Estates managed both policy and implementation with regard to BHF and the emphasis has been on the supply of better quality food to the NHS. The development of ingredient specifications, leading chef recipes and improved availability of food has been the top priority. A marked improvement in service as measured by the Patient Environment Action Teams (PEAT) and the National Patient Satisfaction Survey has shown some improvement with regard to the food questions. None the less, there is still a long way to go – especially on the patients experience on the ward, all the elements of service that go towards making mealtimes an enjoyable experience. The Protected Mealtimes initiative launch last year is beginning to take effect. However, there are some hearts and minds, which are yet to be won over.

Policy and implementation have been separated in England and

the Chief Nursing Officer, Chris Beasley will be taking the lead on Policy and the National Patient Safety Agency will be building a team to take on the implementation role. This will give the project a much more holistic feel with food as a key component of nutritional care. Patient's safety and the reduction of the risk of malnutrition is the key focus for the Patient Safety Agency. Prime objectives will be to build on achievements to date, move forward to implement the NICE guidance on nutrition support – to be published early in 2006 and to take forward the Government's commitments to implement the Council of Europe Resolution on tackling undernutrition in hospitals.

I have recently been co-opted onto BAPEN Council to help BAPEN take a full role in these plans. The BDA and HCA are working together to encourage stakeholder professional organisations to implement their parts of the project. It is likely that as Government gets smaller (see the Arms Length review) the professional organisations will take a greater role in the development and implementation of national service improvements.

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

# PROVISIONAL PROGRAMME

Wednesday 16th November 2005

- 08:30 Registration
- 10:00 - 10:30 **"BAPEN's News at Ten"**  
This is an opportunity to catch up on BAPEN projects old and new. Come along and find out what's happening with BANS, MUST, Drugs & Enteral Feeding, plus BAPEN's Focus topics for 2005/6
- 10:30 - 12:30 **Symposium 1**  
**"Nutritional Support in Children and Adolescents"**  
What does it feel like to be a teenager on nutritional support? What are the challenges facing the paediatric nutrition support team? How do you assess nutritional requirements in the child and adolescent? What is it going to feel like at home if the child is on nutrition support? Through a series of case studies the nutrition team from Birmingham Children's Hospital will take us into an area of nutrition that few of us have knowledge and understanding. A keynote lecture on the psychological distress associated with home parenteral nutrition in children, adolescents and their parents completes the symposium.
- 12:30 - 13:30 Lunch and Poster Sessions
- 13:30 - 15:15 **Symposium 2 - Nutrition Society Symposium**  
**"Influencing Post Stress Metabolism"**  
1. Metabolic and nutritional aspects of hypothermic treatment of ischaemia-reperfusion injury - Speaker TBA 2. Hyperglycaemia and pulmonary infection - Dr Emma Baker, St George's Hospital 3. Molecular & nutritional manipulation of muscle-wasting.- Professor Mike Rennie, University of Nottingham The symposium will explore the latest research on the injury response and its treatment, with special emphasis on intensive-care nutrition.
- Symposium 3**  
**"Patient Journey" - Interactive Case Study**  
Intravenous feeding can only be an effective mode of treatment if it is delivered safely. In this symposium, a clinical case will be used to illustrate a number of safety issues, such as the prevention and treatment of catheter-related sepsis; catheter blockage; extended prescribing of intravenous feeds.
- 15:15 - 15:45 Tea
- 15:45 - 16:15 **Nutrition Society Cuthbertson Medal Lecture**
- 16:15 - 17:00 **Awards followed by BAPEN AGM**
- 20:00 - 01:00 **BAPEN Annual Dinner**  
*Including pre-dinner drinks and after-dinner entertainment.  
Theme for the evening 70's/80's GlamRock, appropriate dress encouraged.*

# FIRST ANNOUNCEMENT AND R



**B A P E N**  
Advancing Clinical Nutrition

**Annual**

*The British Association of Parenteral and Enteral Nutritionists*  
to be held at

**The International Conference on Parenteral Nutrition**  
16th - 17th November 2005



**CLOSING DATE FOR REGISTRATION**  
**FRIDAY 25th October**

For full details please refer to Direction to the Conference and Copyright Assignment Form  
[www.bapen.org](http://www.bapen.org)

This meeting is approved for credits under the CPD Scheme by all Medical Royal Colleges  
Registered Charitable Organisation

## ADVANCE REGISTRATION INFORMATION 2004 PRICES HELD FOR 2005!

REGISTRATION FEE (INC. COFFEE/TEA/LUNCH)	- 1 day £ 165.00
	- 2 days £ 270.00
BAPEN ANNUAL DINNER (INC. DRINKS & ENTERTAINMENT)	£ 35.00

POST-GRADUATE STUDENTS WILL BE ENTITLED TO A 50% REDUCTION ON THE REGISTRATION FEE PROVIDING THEY CANNOT OBTAIN FUNDING. THIS IS SUBJECT TO SUBMISSION OF A LETTER OF APPLICATION AND A LETTER OR RECOMMENDATION FROM THEIR HEAD OF DEPARTMENT.

There will be a financial penalty of £10.00 per day on the Registration Fees for any bookings received after 28th October, 2005.

Any cancellation after 28th October, 2005 or a 'No attendance' at the conference carries a 100% cancellation fee.

Accommodation will be available in hotels close to the conference venue. Prices start from £50.00 per night and further details will be included in the Registration Form.

For a registration form please contact;  
**Sovereign Conference**  
with your details

## REGISTRATION FORM REQUEST



**BAPEN**  
British Association for  
Parenteral Nutrition

## Meeting

of  
Association for  
Parenteral Nutrition

held at

Secure Hold Business Centre Telford  
November 2005



RECEIPT OF ABSTRACTS IS  
due on June, 2005

Contributors, Abstract Submission Forms  
available on the BAPEN website.

[bapen.org.uk](http://bapen.org.uk)

For the Continuing Medical Education (CME)  
accredited by the Royal Colleges

Charity 1023927

## PROVISIONAL PROGRAMME

### Thursday 17th November 2005

- 08:30 Registration
- 09:00 - 11:00 *Symposium 4*  
**"Glutamine and Antioxidants in Critical Care"**  
With the recent publication of influential meta-analyses of selenium, antioxidant supplementation suggests large potential reductions in mortality in critical illness. This is a timely symposium to consider how selenium and glutamine might function together through glutathione metabolism. Will glutamine and selenium supplementation prove to be a major breakthrough in critical illness and what further trials are needed internationally.
- 11:00 - 11:30 Coffee
- 11:30 - 13:00 *Symposium 5*  
**"Nose" body does it better"!! – practical advice for the management of naso-jejunal feeding.**  
This symposium will use a multi-disciplinary approach to discuss aspects of jejunal tube insertion and management. The aims of the session are to offer practical advice and the opportunity to share good practice. An acute pancreatitis case study presentation will be used throughout.
- 13:00 - 14:00 Lunch and Poster Sessions
- 14:00 - 14:45 **The Pennington Lecture**
- 14:45 - 16:15 *Symposium 6*  
**"Patient Journey – Enterocutaneous Fistula"**  
These can be some of the most challenging patients requiring nutritional support. Should patients be kept 'nil by mouth' or should the trophic effect of food on the intestinal mucosa be exploited to enhance healing. How can nutrition teams liaise with their surgical colleagues to optimise care of these patients?
- Symposium 7*  
**"Writing Grant Applications and Abstracts:" - How to do it well.**  
A workshop designed to help the inexperienced investigator develop skills in preparing and writing successful research grant applications and abstracts. The workshop will be facilitated by experts within the field research and science.
- 16:15 Close of Conference followed by Tea

**ABSTRACTS** will be considered by **BAPEN** for Oral, E-poster and Static Poster Sessions. Method of presentation will be decided by the BAPEN Programmes Committee. Abstracts relating to the symposia themes are particularly encouraged, although papers pertaining to all areas of clinical nutrition will be welcomed.

**A TRADE EXHIBITION WILL BE HELD THROUGHOUT THE MEETING**

## CONFERENCE ORGANISERS

To request a registration form contact:

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Email: [association@sovereignconference.co.uk](mailto:association@sovereignconference.co.uk)

Further details are available: see our web site  
[bapen.org.uk](http://bapen.org.uk)



**BAPEN**  
Advancing Clinical Nutrition



# Probiotic, Prebiotic, Symbiotic

**Probiotics are not a new concept.** In 1908 Mechnikoff observed that Bulgarian peasants who consumed fermented milk products lived   
  
in thi<sup>is</sup>   
healthful claims being made for them for numerous conditions. A medline search will bring up around 2000 articles related to them, treating conditions ranging from allergy to ulcerative colitis.

## But just what are probiotics, do they work? and importantly are they safe?

All surfaces of the body are covered in bacteria, the bowel however is the most favourable site for bacteria to grow, some believe that

At birth we are born with the basic pattern of gut flora that is expected to last our lives. Numerous factors in life can adversely affect this flora. These include infections, antibiotic use, diet and even the type of milk that we are fed as babies. Breast milk being the most beneficial in promoting the growth of good bacteria. These factors affect the balance of the gut flora.

**Probiotics are viable microbial food supplements which benefit the host** by improving intestinal microbial balance. For a probiotic to be effective it must contain sufficient numbers, survive the transit through the gut, adhere to the gut wall, and be of human origin. For beneficial bacteria to survive they need to be fed.

**Prebiotics are fermentable carbohydrates, often known as fructooligosaccharides (FOS).** These pass undigested into the large bowel and selectively feed the beneficial bacteria. Some studies have shown that prebiotics on their own to be beneficial some, probiotics on their own. The combination of them both, known as symbiosis are believed to have an even greater effect.

## How do they work?

First   
them out. When established they are believed to modify gut pH through fermentation producing the short chain fatty acid (SCFA) butyrate which is then used to nourish the colonic mucosa, stimulate immunomodulatory cells and produce lactase to help break down milk sugars. These lead to a stabilization of the gut flora, promote gut barrier function and control inflammatory cytokines.

**Their uses are numerous with claims of them being beneficial in treating diarrhoea, lactose intolerance, allergy, IBD, cancer, UTI, and controlling blood lipids.** However it does not appear that one strain will treat all conditions. Even diarrhoea alone benefits from different strains depending on the cause.

**Saccaromyces boulardii (a yeast)** has been shown to be beneficial in treating C.Diff diarrhoea, and **Lactobacilli GG** have been suggested as helping to prevent travellers diarrhoea depending on the location of travel.

Studies looking at using probiotics for the treatment of acute disease like Ulcerative Colitis have used specially developed preparations in very large concentrations. This means that it is unlikely that supermarket bought probiotic drinks will be able to treat effectively but that specific preparations need to be used.

**One of the concerns with probiotics has been the safety of these bacteria especially in a critical care setting.** It has been observed in the past that when these bacteria have been used they have been observed to translocate to wound sites. It was not certain though whether they caused any damage or not. In 143 studies from 1961-1998 with study populations totaling 7500 there were no reported adverse events.

**From the evidence it appears that probiotics may be of benefit but the safety issue is still a concern. Prebiotics would appear to be the safer option,** but if the bowel has been cleared out of the good bacteria what use are prebiotics? A combination of both are possibly best. Selection of the correct strain for a specific condition also appears to be essential for more acute conditi<sup>ions</sup>   
the supermarket!

Kristian Bravin



# Scottish Home Parenteral Nutrition Managed Clinical Network Annual Meeting

**1st September 2005**

Ebenezer Duncan Centre

Victoria Infirmary, Langside Road, GLASGOW.

For further information contact Janet Baxter [janet.p.baxter@tuht.scot.nhs.uk](mailto:janet.p.baxter@tuht.scot.nhs.uk)

## Focus on Professor Alan Shenkin

Alan Shenkin is Professor of Clinical Chemistry at the University of Liverpool. He is also Honorary Consultant Chemical Pathologist; Clinical Director of Clinical Chemistry, and for many years was Director of Research and Development at the Royal Liverpool Hospital. He is a well-known figure in the field of nutrition and is noted for his various roles within the European Society for Parenteral and Enteral Nutrition (ESPEN), and as European editor for the journal Nutrition. He is also a senior figure in laboratory medicine, and is the past President of the Association of Clinical Biochemists. Recently perhaps he is most credited for his role of establishing metabolic medicine as an approved subspecialty for medical training, which has helped formalise the clinical role of the Chemical Pathologists.



Alan qualified as a doctor in 1969 and obtained his PhD in 1974 from the University of Glasgow. Whilst working as a Senior Registrar in Clinical Biochemistry in the early 1970's at the Royal Infirmary in Glasgow, Alan was fortunate to work under Sir David Cuthbertson.

During his time at the Royal Infirmary, Alan spent a sabbatical year at the famous Karolinska Institute in Stockholm. It was there that he worked with Professor Arvid Wretling, whose seminal research in developing intravenous nutrient preparations was life-saving. Stockholm was the centre for European development of intravenous nutrition, and whilst there Alan also met and undertook research with the other key figures Peter Furst and Erik Vinnars.

"I was privileged to work with some of the leading names in nutrition in Europe", says Alan. "Their inspiration and dedication fuelled my passion and commitment to nutritional care." Professor Wretling had the vision of Complete Parenteral Nutrition including all nutrients, and encouraged Alan to become involved in evaluating the trace element and vitamin requirements during IVN. This set up a life-long research interest in this field, which is of growing importance with the recognition that these micronutrients have wide-ranging effects on health and disease.

One of Alan's bugbears has always been the fact that education in nutrition has always been poorly covered during medical school training. "It has been one of my life's challenges to improve training in nutritional care and support," explains Alan.

This came partly to fruition in 1996, when Alan helped establish the Intercollegiate Group on Nutrition (and for which he is still the Co-Chairman) primarily for doctors. This course, which is held three times per year, is now attended by a wide diversification of healthcare professionals.

Alan's current clinical responsibilities include providing an analytical and consultative service to the Royal Liverpool Hospital Trust and also Co-chairman of the Hospital Nutrition Steering Group and advises on nutrition policy. "Our department at the Royal Liverpool is quite unique", explains Alan, "since we provide a strong interface between laboratory testing and clinical support, together with wide ranging responsibilities for direct patient care."

Alan's career has been eventful and fulfilling, and he admits with some satisfaction that this year it comes full circle as he has been invited as the guest speaker at the prestigious Sir David Cuthbertson lecture at ESPEN in Belgium.

But despite his over-whelming commitment to nutrition and to laboratory medicine, Alan is a devoted family man (he is married with 3 children and 4 grandchildren). Even so, he still finds time to indulge his other great pleasures - golf, travelling and fine Malt Whisky!!

Sally Robinson  
GCI Healthcare

## Media Update

As usual, nutrition continues to receive a great deal of attention in the media, with children's nutrition uppermost in mind due to Jamie Oliver's programmes and celebrity and government reaction.

Jamie has also been invited by junior doctors, via the British Medical Association's conference to help improve the standard of hospital food., reported The Sunday Times on 8th May 2005.

### On the TV news

In addition, nutrition in older people has not been entirely neglected. By the time you receive this edition of In Touch, one of Trevor McDonald's Tonight news programme on ITV will have covered the topic of nutrition and older people in care homes.

The programme will have featured the chef Paul Rankin who is busily making a name for himself in the sphere of catering for older people, as well as the work of Rachael Meadows in the north of England. At this stage, it is not known if the work of the MAG and the 'MUST' will be referenced – but the production crew know all about both these initiatives and BAPEN!



Links to the BAPEN website have been proposed, as well as to PACE which produces the educational materials for catering staff in care. These links will provide useful additional information for professionals and other viewers whose interest in the topic is aroused.

...continued on page 10

## Media Update continued...

### Reports in the Journals and Paper

**Geriatric Medicine, June issue**, carries an article on recognising under-nutrition in the elderly by Drs Rajkumar Parikh and Sarah Moore. This issue also carries a very interesting article by Professor Nick Bosanquet on the use of Quality Adjusted Life Years (QALYs) □  
Appraisal Committee.

The debate continues and watch this space as the next round of guidance from NICE on the dementia drugs issue is set to appear on 18 July 2005.

The □  
thrown away last year reported The Guardian (3rd June 2005). This figure was later quoted at 20 million by The Sunday Mirror (19th June 2005) with 55,000 meals thrown away due to patients rejection or inefficient catering services.

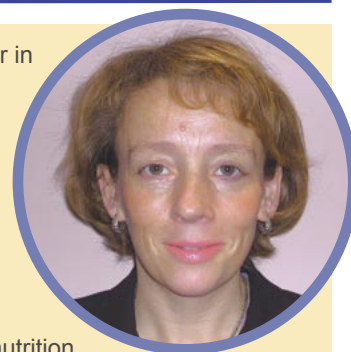
**Rhonda Smith**  
Media Coordinator  
BAPEN

## Thoughts from the BAPEN Council Think Tank meeting

The BAPEN Council Think tank meeting was held on 4th May 2005, a little earlier than usual in the year in the interests of gaining maximum attendance. Points for discussion included:

### BAPEN and Food

There was a general recognition that it was important for BAPEN to be represented and hold a view in many issues relating to clinical nutrition in the form of food, particularly at this time when it is of increasing interest to the government, as a result of health implications and public concern. However, BAPEN should be clear about its role and that perhaps this should be laid out in the form of position statements within the strategy document. It was felt important that BAPEN should not become over-involved in the broader public health issues, but play to its core strengths of science and clinical nutrition. Rick Wilson, Director of Dietetics and Nutrition at Kings College Hospital, and currently regional rep for South Thames, will be co-opted onto Council as liaison officer for nutrition and food to take some of the above issues forward.



### FOCUS 2006

It was felt that there remained a significant amount of 'unfinished business' with regard to previous FOCUS initiatives. It was felt that □  
relatively early stage of development. Areas for focus during the coming year will include:

- Line sepsis (anyone interested in contributing should contact Dr Simon Gabe)
- Accreditation of nutrition support teams (to include Pat Howard's previous work)
- 'MUST' - to continue momentum in terms of implementation (and ideally evaluation of outcomes)

### NICE guidelines on nutritional support

Dr Mike Stroud outlined the draft document out for consultation. It was felt that many recommendations were not robustly made, mainly because of lack of evidence from randomised controlled studies, of which there are very few in the field of nutrition. Council members were strongly encouraged to read and send comments on the draft guidelines to Dr Alistair Forbes, who would send a response on behalf of BAPEN.

### Fundraising

It is planned that BAPEN will become decreasingly dependent on industry for its financial viability in future years. However, this does mean that alternative means of fundraising need to be explored. Clearly this includes increasing membership numbers and attendance at the Annual Meeting in November, so please come along and do your bit!

All in all a productive and focussed meeting with some clear action points to point us ahead in the coming year.

**Dr Penny Neild**  
Honorary Secretary



# 2005 Diary Dates



**BAPEN**  
Advancing Clinical Nutrition

National Dates	Meeting - National	Venue and Contact Details
Sept	Developing Nutritional Support Skills	North England. Email: <a href="mailto:conferenceteam@hotmail.com">conferenceteam@hotmail.com</a> Or view: <a href="http://www.bpng.co.uk">www.bpng.co.uk</a>
4th - 7th Sept	Joint Symposium as part of European Society for Biomedical Research on Alcoholism Annual Conference. <i>Nutrition and Alcoholism</i>	University of Kent, Canterbury. For further information: <a href="http://www.nutritionociety.org">www.nutritionociety.org</a>
5th - 6th Sept	The Intercollegiate Course on Human Nutrition	Strathdon Hotel, Nottingham. For further information please contact: Wendy Solis, School of Biomedical Sciences, Queens Medical Centre, NG7 2UH. Telephone: 0115 9249924
6th-9th Sept	23rd Leeds Course in Clinical Nutrition	St James' University Hospital, Beckett St, Leeds. Contact details: email: <a href="mailto:clinicalnutrition@leeds.ac.uk">clinicalnutrition@leeds.ac.uk</a> , <a href="http://www.clinical-nutrition.co.uk">www.clinical-nutrition.co.uk</a>
7th - 9th Sept	Seventh International Symposium in Vivo Body Composition Studies. Linking Structure to function	Southampton UK. Deadline for abstract submission: 1st June 2005 See <a href="http://www.bc2005.soton.ac.uk">www.bc2005.soton.ac.uk</a> or e-mail <a href="mailto:bc2005@soton.ac.uk">bc2005@soton.ac.uk</a> for more information.
2nd - 5th Oct	National Cancer Research	ICC, Birmingham. Further details: e-mail <a href="mailto:ncrconference@ncri.org.uk">ncrconference@ncri.org.uk</a>
5th Oct	St. Mark's Intestinal Failure study Day	North London. Contact Simon Gabe: <a href="mailto:s.gabe@imperial.ac.uk">s.gabe@imperial.ac.uk</a>
13th Oct	'The General Game – Nutrition Support through the Ages'. A study day organised by Fresenius Kabi Nutrition Service	Further details: e-mail <a href="mailto:nutrition.service@fresenius-kabi.com">nutrition.service@fresenius-kabi.com</a>
27th - 28th Oct	Food, Diet and Health 2005	Scottish Exhibition and Conference Centre. Further details: Carolyn Fraser - Tel: 0141 201 9264
28th - 30th Oct	Re-Energise 05	Copthorne Hotel, Dudley, West Midlands. Further details: <a href="http://www.re-energise.co.uk">www.re-energise.co.uk</a>
17th Nov	SMA Nutrition Symposia – Research and Best Practice in Paediatric Nutrition – what's new in the 21st Century	Birmingham Heartlands Hospital e-mail: <a href="mailto:sma@jmevents.co.uk">sma@jmevents.co.uk</a>
25th - 26th Nov	6th National Nutrition and Health Conference	Olympia Conference Centre, London. Further Details: <a href="http://www.nutritionandhealth.co.uk">www.nutritionandhealth.co.uk</a>
Meeting - International		
19th - 23rd Sept	Nutrition Safari 2005. 18th International Nutrition Congress	South African Society for Parenteral and Enteral Nutrition, ICC, Durban, South Africa <a href="http://www.saspen.com">www.saspen.com</a>
15th - 20th Oct	13th United European Gastroenterology Week (UEGW)	Copenhagen, Denmark Further details: UEGW Website.
19th - 20th Oct	Healthy Foods European Summit	La Plaza Hotel, Brussels, Belgium. <a href="http://www.healthyfoodssummit.com">www.healthyfoodssummit.com</a>
19th - 22nd Oct	AUSPEN 31 Annual Scientific Meeting	Joint meeting with the Gastroenterology, Society of Australia. <a href="http://www.agw2005.com">www.agw2005.com</a>
2006 Meetings		
5th - 8th Feb	ASPEN	New Orleans, Louisiana
22nd - 25th Feb	World Congress of the International Society for Diseases of the Oesophagus	Adelaide, Australia. Further details: Fax: +61 8 8274 6000 Email: <a href="mailto:isde@sapmea.asn.au">isde@sapmea.asn.au</a> Website: <a href="http://www.sapmea.asn.au/isde">www.sapmea.asn.au/isde</a>

## BAPEN Medical Inaugural Meeting

**Thursday, 29th September 2005**

Wingate Institute, London

Insulin resistance meets nutritional support: obesity, critical care, the liver and surgery

Further details: **e-mail [tim.bowling@qmc.nhs.uk](mailto:tim.bowling@qmc.nhs.uk)**

## BAPEN Education Course for Clinical Nutrition Support Teams

**7 – 9th February 2006**

Wychwood Park, Crewe

Contact: Ruth Newton - [ruthnewton@yahoo.com](mailto:ruthnewton@yahoo.com)



## BAPEN Medical



BAPEN Medical is now a recognised Founder Group within BAPEN  
Supporting practitioners in the medical aspects of the clinical practice of nutritional support

Joining fee: £20 (BAPEN members), £40 (not a BAPEN member)

To join: send this slip with a cheque to the BAPEN office  
with your name, address, e-mail, & occupation

BAPEN Office  
Secure Hold Business Centre  
Studley Road, Redditch  
Worcs, B98 7LG

Complete your details overleaf, cut along the dotted line and send to the

## New revised Waterlow Score Card for pressure ulcer prevention/treatment

If Trusts are going on to use the new revised Waterlow score card ( 2005 ) please be aware that the Malnutrition Screening Tool (MST) is not the 'Malnutrition Universal Screening Tool' (MUST)!! The MST is an Australian nutritional screening tool from Queensland Health that has been incorporated into the scoring system for this updated version of the Waterlow pressure ulcer prevention screening tool.

## MAG Lives!

The Malnutrition Advisory Group is being reformed as the Malnutrition Action Group and a programme of work is currently being agreed. The Group is aware of the excellent work that is being undertaken within and outside the UK in implementing the 'Malnutrition Universal Screening Tool' ('MUST') and would like to establish the extent to which this is happening. MAG will be including a short questionnaire in the next edition of In Touch relating to the uptake and usage of nutritional screening in different care settings. Please help us to map the current situation by filling in the questionnaire. **There will be a prize draw!**

27<sup>th</sup>  
ESPEN  
Congress



THE EUROPEAN  
SOCIETY FOR  
CLINICAL  
NUTRITION AND  
METABOLISM

# BRUSSELS

27-30 August 2005

*An integrated nutrition for  
improving outcome*



To join, please complete your details below and return this slip, along with your cheque made payable to: BAPEN Medical, to the BAPEN Office.

Name:

Address:

Occupation:

Tel:

Email:

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