



## BAPEN

Advancing Clinical Nutrition

### 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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## The PEN Group celebrates 21 years !

### The beginning...

In 1982 a group of dietitians and company representatives interested in nutrition support came together for an inaugural meeting in Leeds. Doug Scott (then manager of Dietetic and Nutrition Services at Lincoln County Hospital) was the initiator of the meeting and the numbers attending far exceeded his and everyone else's expectations.

The interest for the formation of the Group grew from a need to raise the importance of nutritional support in patient care, both within the hospital and community setting and to enhance and develop the practice of artificial nutritional support.

The group established itself as the Enteral and Parenteral Interest Group and Doug became acting Chairman. A constitution was drawn up and the first AGM was held in Sept 1983. Doug Scott was voted in as Chairman and other members of the committee were elected. It was at the AGM that the Group was renamed the Parenteral and Enteral Nutrition Group ( PENG )

Over the years the PEN Group has engaged in many activities which include:

- Establishing the validated Clinical Update course for dietitians which continues to retain its popularity
- Producing many publications including the very popular 'Pocket Guide to Clinical Nutrition'
- Developing guidelines on nutritional support for student dietitians
- Offering bursaries and awards in conjunction with Industry for its members
- Working with ESPEN to establish the European Dietitian's Group
- Working collaboratively with other Groups and agencies as part of BAPEN



### Marking the occasion...

The PEN Group held a celebratory summer meeting on the 2nd and 3rd of August as 2005 marked 21 years since it was officially recognised by the BDA as a specialist interest group. The clinical meeting entitled 'Nutrition Support - a vision for the future' was supported by many eminent speakers and a large audience! Topics included nutritional requirements now and in the future, fast track surgery and implications for the nutritional care of patients, disease specific formulae in the management of patients, monitoring patients in the community and health economics associated with nutritional support of patients. A summary of the sessions can be found on the PEN Group website [www.peng.org.uk](http://www.peng.org.uk).



### Celebrations!

A celebratory dinner was held to mark the occasion and more than sixty PEN Group members and sponsors from industry were present at the dinner. The PEN Group has always enjoyed a good relationship with industry and is extremely grateful for their support over the last 21 years and looks forward to a productive relationship over the next 21 years!



Chairman of PENG, Carole-Anne McAtear, cuts the celebratory cake.

It was a pleasure to have some of the Honorary members of PEN Group present – those individuals who were inspirational enough to start the Group and all who have significantly contributed to the Group's activities over the last 21 years.

**Honorary members included Ann Micklewright, Christine Russell, Pat Howard, Rita Hopkin, Rosemary Richardson, Jayne Reeves, Liz Weekes and Carole Glencorse.**

**Other honorary members who were not able to attend but were remembered are: Doug Scott, Sue Bacon, Moira Dixon, Liz Gilmour, Claire Wright, Nikki Stewart and Jacklyn Jones.**

The PEN Group continues to move from strength to strength and with over 450 members looks forward to future productive years!



BAPEN was nicely represented at the recent Open Day held at the Royal College of Physicians in London. Our collaboration with the College Nutrition Committee evidently proved one of the more captivating displays, since despite having less in the way of glossy high-tech equipment than some of the stands, we were clearly able to engage our public with estimations of BMI, waist-hip ratios, and resting energy expenditure. It is probable that this has helped to raise the profile of nutrition in the College as well, since some of its luminaries visited us with their guests. No doubt we will be asked back!

We now have a new structure agreed for the support of future Honorary Treasurers. Until now we have had the great advantages, not only of the financial wisdom of senior industry figures, but also very substantial backroom team support provided without charge, initially from Abbott and currently from Nutricia. It is highly improbable that this could be replicated in the future and it seemed a good opportunity too to make the financial independence of BAPEN a little more overt. We will now have a part-time accountancy and book-keeping team engaged by BAPEN on a normal consultancy basis, co-ordinated by Sovereign and in close collaboration with the BAPEN office. We hope this will secure a strong field of applicants to replace Niall Bowen when he stands down in November.

As we approach the autumn thoughts naturally turn to the Annual Meeting. You will have received mailings about this, and I hope that by now you are registered and have accommodation fixed.

Lynne Colagiovanni and her team on the Programmes Committee have done a splendid job (not without a dash of humour!) and I am confident that we are in for another treat. I look forward to seeing as many of you as possible in Telford in November.



**Dr Alastair Forbes**  
Chairman BAPEN

***Congratulations!... Alastair Forbes has recently been appointed Professor of Gastroenterology and Clinical Nutrition at University College Hospital, London.***

## BAPEN official contact details

**Dr Alastair Forbes**  
BAPEN Chairman  
Tel: 020 8 235 4016 Fax: 020 8 235 4039  
email: [alastair.forbes@ic.ac.uk](mailto:alastair.forbes@ic.ac.uk)

**Mr Niall Bowen**  
Hon Treasurer  
Tel: 01225 711571 Fax: 01225 711 798  
email: [nbowen@nutricia.co.uk](mailto:nbowen@nutricia.co.uk)

**Dr Penny Neild**  
Hon Secretary  
Tel: 0208 725 3429 Fax: 02087253520  
email: [penny.neild@stgeorges.nhs.uk](mailto:penny.neild@stgeorges.nhs.uk)

**Ms Vera Todorovic**  
(PEN Group) Chairman:  
Communications and Liaison Committee  
Tel: 01909 502773 Fax: 01909 502809  
email: [vera.todorovic@bhcs-tr.trent.nhs.uk](mailto:vera.todorovic@bhcs-tr.trent.nhs.uk)

**Mr Geoff Simonett**  
(PINNT) Chairman: LITRE  
Tel: 0116 2770376 Fax: as telephone  
email: [geoff@simmonett@aol.com](mailto:geoff@simmonett@aol.com)

**Prof Agostino Pierro**  
Chairman:  
Research and Science Committee  
Tel: 020 7 905 2175 Fax: 020 7 404 6181  
email: [a.pierro@ich.ucl.ac.uk](mailto:a.pierro@ich.ucl.ac.uk)

**Dr Ian Fellows**  
Chairman:  
Education and Training Committee  
Tel: 01603 288 356 Fax: 01603 288 368  
email: [ian.fellows@nnuh.nhs.uk](mailto:ian.fellows@nnuh.nhs.uk)

**Dr Barry Jones**  
Chairman: BANS  
Tel: 01384 244 074 Fax: 01384 244 262  
email: [b.j.m.j@btinternet.com](mailto:b.j.m.j@btinternet.com)

### BAPEN OFFICE

**Secure Hold Business Centre,**  
Studley Road, Redditch,  
Worcs. B98 7LG  
Tel: 01527 457850 Fax: 01527 458718

To contribute to 'In Touch', please contact the editors:

**Vera Todorovic**  
Tel: 01909 502773  
email: [vera.todorovic@bhcs-tr.trent.nhs.uk](mailto:vera.todorovic@bhcs-tr.trent.nhs.uk)

**Niall Bowen**  
Tel: 01225 711571  
email: [nbowen@nutricia.co.uk](mailto:nbowen@nutricia.co.uk)



*“incomparably, the most important office of the nurse, after she has taken care of the patient's air, is to take care to observe the effects of his food ...it is quite incalculable the good that would certainly come from such sound and close observation in this most neglected branch of nursing”*

**Florence Nightingale (1859)**

The importance of food in the care and treatment of patients has been championed by the nursing profession for a long time! None the less, it is still a “most neglected branch of nursing”. Many nursing colleagues will remember The Salmon Report on senior nursing staff structure, published in 1966. This report is widely

known as the predecessor to the Nursing and Midwifery Council) wrote to every registered nurse reminding them of their responsibilities. Until the 1960's most hospital food was delivered to the ward in bulk and nursing staff were responsible for serving food to the patient. Ward sisters regarded the serving of food as a very important duty and many will remember that only the most senior nurse was allowed to supervise the serving of the meal. Ensuring that every individual patient's food and nutritional needs were met was regarded as core to good care and treatment. Developments in food service in more recent times have removed some of this control. Centralisation of serving and the distribution of food pre-plated cuts down on the control nurses have on food provision for their patients. Rigorous – well intentioned but perhaps over zealous – implementation of food hygiene and health and safety regulations have reduced the amount of food readily available on the ward and the ability of nursing staff to prepare food for their patients as and when they need it. The most modern ward environment.



## Catering in hospitals



Despite Florence Nightingale's notes, food service in hospitals in the early part of the twentieth century was rather hit and miss and not regarded as warranting any degree of funding until the start of the Second World War. In the 1920's Miss Rose Simmonds was a ward sister at the Royal London Hospital in Whitechapel. She was concerned about the poor nutrition of her patients and wrote in her diary that she collected up the left over food at lunchtime,

and went on to become the first dietitian in England. Rationing in 1939 brought new learning about nutritional needs and funding - hospital managers to hospitals. Professional chefs – largely recruited from the armed services – were appointed. The King's Fund created it's own catering advisory service for hospitals and in 1954 the King's Fund School of Hospital Catering was opened at St Pancras Hospital for food provision.

## The future

The Nutritional Care framework in Scotland recognise that ward based nursing staff are the key, frontline troops in the fight against undernutrition in hospitals. Over the last few years there have been great improvements. The popularity of the Protected Mealtimes initiative – same latin word root – nutrire – and most nurses regard this function as central to the care they offer. However, hospital wards are an extremely busy and demanding workplace and even the most motivated nursing staff often find themselves swamped by conflicting priorities. This was confirmed in a recent study commissioned from the Royal College of Nursing Institute by the Better Hospital Food project (Savage J & Scott C 2005). In England and Northern Ireland this pivotal role of nursing and the need to develop a project following the winding up of NHS Estates. Responsibility for policy development of the project now rests with Christine Beasley the Chief Nursing Officer. A new policy development group engaging all major stakeholders including the Royal Colleges, BAPEN, BDA, patient groups, Food Standards Agency, the Healthcare Commission, and NICE is being set up by the Chief Nurse's Office. These developments offer new opportunities for improving nutritional care in hospitals and help us to move towards making malnutrition in hospitals a thing of the past.

This article is an abridged and amended version of an article first published in the Nursing Times, 9th August 2005.

**References:** Extracted from Florence Nightingale's "Notes on Nursing, 1859".  
Salmon Report (1966) Report of the Committee on Senior Nursing staff structure.  
London: HMSO, 1966.  
Department of Health (2001) The Essence of Care – patient-focused benchmarking for health care practitioners London.  
Savage J & Scott C (2005) Patients' nutritional care in hospital: An ethnographic study of nurses' role and patients' experience. A report to NHS Estates. Available as a download from [www.betterhospitalfood.com](http://www.betterhospitalfood.com)

**Rick Wilson, Director of Dietetic and Nutrition Services, King's College Hospital, London**



# NNNG Conference

As a nurse with an interest in both liver disease and nutrition, I was very keen to be going to the two day National Nutrition Nurses Group (NNNG) conference. It was to be held at the Coors Visitors Center and brewery in Burton on Trent. With the sweet smell of hops filling the marquee on the first day, I knew it was already going in the right direction!

Following coffee and registration and a short welcome from Lynne Colagiovanni, the morning symposium was devoted to the care and nourishment of patients with dementia. The highlights included a brilliant introduction to dementia from Carole Barker, a nurse practitioner in a Memory Clinic and Janice Barrett a dietitian with Derby mental health services, who offered some very practical advice, i.e. the use of finger foods with individuals walking round picking at food from a bum bag, it gave the audience some very interesting points to think about. This was followed by a controversial discussion by Dr Jim Stewart as to whether PEG's were suitable in dementia patients. It stimulated a lot of debate which carried on into coffee and is something that I would like to see revisited. Mike Thompson, a carer for his late wife (who had dementia), gave many of us a lot to think about with his interpretation of the current care that people with dementia receive in hospitals. I have to say it left many feeling guilty and embarrassed about the care that his wife received during her hospital admission with regards to feeding and toileting. Having this type of discussion really makes you think about nursing and why we are here, very soul searching!

A well needed lunch followed which allowed delegates to discuss the morning's programme, and visit the many industry stalls. The NNNG committee have asked me to thank those who supported them again.

Pete Turner, a Senior Dietitian from the Royal Liverpool Hospital gave an interesting presentation of the importance of tight glycaemic control in artificially fed critically ill adults. Jeremy Woodward highlighted the dangers of re-feeding syndrome and the requirements to maintain patient safety. Following tea Lynne updated us all on how to confirm the position of naso gastric tubes appropriately followed by the results of a study by Mia Small Nutrition Nurse Specialist at Guys and St Thomas as to which are the best pH papers to use.



Authentic Tribal Dance



This is a stick up!

of NJ tubes which appear to be a problem for many. Many delegates found this a very worthwhile session and would like more time set aside for this at future meetings. It is invaluable for sharing information in a very non threatening open way – well done.

The next sessions included Jeremy Nightingale giving a session on the metabolic complications of intestinal failure, Tim Sizer gave a history and overview of the use of lipids in parenteral nutrition and Kerry Yuill describing the results of an RCT looking at carbohydrate loading pre-op. All very interesting.

This is not my first NNNG conference, I attended one a few years ago. This one seemed very well organized, support by industry and very well attended. I look forward to next year!

**Sarah Tarff, Staff Nurse,  
Basildon University Hospital.**



Sarah Tarff



Fancy Dress Prize

The day then closed and many returned to their hotel room to prepare for the evening ahead. The 'wild' Wild West night was a great success. Nearly all were suitably attired in fancy dress, eating plenty from the flowing BBQ and then making some impressive moves on the dance floor! With a wide variety of music including some top country tunes and more, but believe me everyone left well hydrated! The fancy dress competition was won by Neil Wilson, a Nutrition Nurse from Trafford, Manchester. His prize 4 cans of baked beans and a six pack of beer – excellent!

Day two started slightly later than the first, appreciated by many following a late night. As Lynne Colagiovanni said when she opened the day, not everybody is able to say they can organize a '\*\*\*ss up in a brewery', but the NNNG have now done it twice!!

The Atkins Debate opened the morning with Jill Johnson and Susan Price, Chief Dietitians from University Hospital Birmingham battling out the pros and cons of the Atkins diet. An open forum session followed which allowed all delegates to discuss problems or complications with the main topic being the bedside placement

**ESPEN Nutrition Study Day - Would your hospital like to participate in a European cross-sectional audit? Further information is available on the ESPEN website [www.espen.org](http://www.espen.org) or contact Pat Howard via the BAPEN office.**

**ESPEN Guidelines for Clinical Nutrition**  
These are in their final draft stage and are open for consultation on the ESPEN website [www.espen.org](http://www.espen.org)  
Consultation closes 26th October 2005.



## Clips from the Council

The most recent meeting was held at the Kensington Marriott in London on 13th July 2005.

### Update reports from Founder Organisations

There was a general air of optimism and positivity across the Founder groups, with a reported increase in membership numbers virtually across the board. A number of successful meetings have already taken place this year and others are planned, including one in August to celebrate 21 years of the PEN Group and the BAPEN Medical Inaugural meeting on 29th September.

### Standing Committees

#### BANS

The BANS Report for 2003 is now ready for circulation. There are no plans to provide another full report this year but BANS will produce a summary of the main points from returns from 2004, hopefully in time for the annual meeting in Telford. In addition, it is planned to circulate a questionnaire regarding line sepsis, the data from which will be published separately from the 2004 summary.

#### Communications

Plans for re-vamping the BAPEN website look exciting and hopefully this will be taken forward over the next year.

#### Education and Training

The Nutrition Support Team course at Wychwood Park is planned for 7-9th February 2006. Several full teams and individuals have already shown interest. BAPEN will strongly encourage the Chief Executives of Trusts who have interested participants to provide funding for such a course.

#### MAG

This group has been re-born as the Malnutrition Action Group under the chairmanship of Alastair McKinlay. The first meeting was held on 6th July 2005, at which it's remit and membership

were discussed. We await further news from this group with great interest

### Programmes

The Committee is now up to full strength except for an Industry representative. The 2005 Programme is almost complete. The evening entertainment will be 70's Glam Rock and members are asked to dress accordingly!

### Main Industry Group

Negotiations are in progress with regard to the future relationship between BAPEN and industry. Though it is hoped that this will remain strong, both groups are keen to reduce BAPEN's current financial dependence on industry. This will mean that BAPEN needs to start exploring alternative means of income generation in the future.

### Liaison Officers

#### Food and Nutrition

Rick Wilson attended his first council meeting as Food and Nutrition liaison officer and was warmly welcomed.

#### NICE

Mike Stroud reported that the draft guidelines on nutritional support generated a large volume of generally helpful feedback. The final report is to be published on 22/2/06.

The next Council meeting will be held on 6th September 2005. Look forward to updating you after that!

**Dr Penny Neild**  
Honary Secretary



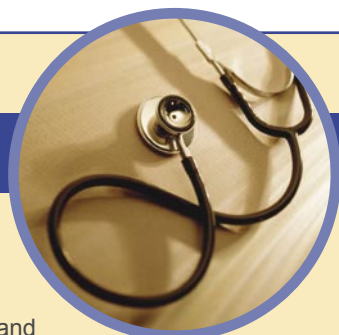
## Journal Watch - from a gastroenterologist's perspective

**Dr Charles Gordon MRCP, Specialist registrar in Gastroenterology, St George's Hospital, London.**

*Trichopoulos A, Orfanos P, Norat T et al. Modified Mediterranean Diet and Survival: EPIC-elderly prospective cohort trial. BMJ (2005) April.*

The association of diet with disease has long attracted attention, especially the cumulative effect of diet over an extended period. Small cohort studies have suggested that Mediterranean type diets increase longevity. This large, multi-centre, pan-European cohort trial attempts to tackle the question of whether adherence to the Mediterranean diet is associated with longer life-expectancy in elderly Europeans. The Mediterranean diet is characterised by a high intake of vegetables, legumes, fruits and cereals; a moderate to high intake of fish; a low intake of saturated lipids but a high intake of unsaturated lipids

The authors assessed adherence to this diet by a validated scoring system. 74,607 subjects were recruited, and followed up for a median of 89 months. The statistical analysis correlated demographic data, number of deaths, diet and a range of confounding factors. The authors demonstrated that adherence to this diet was associated with a significant reduction in overall mortality, equating to 7% when calibrated across countries. Lipid intake differs between Mediterranean and non-Mediterranean countries. It was shown that polyunsaturated lipids are an acceptable substitute when monounsaturated lipids are not readily available. The discussion considers diet and its associations, the relative role of lipids and their origins in differing cultural diets, and the applicability of the Mediterranean diet, may be particularly appropriate for elderly people.



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# 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 P



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

**Annual**

*The British Association for Parenteral and Enteral Nutrition*  
to be held at

**The International**  
**16th - 17th November**



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

For full details please refer to Direction to the Venue 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
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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  
are 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:

### Sovereign Conference

Secure Hold Business Centre, Studley Road

Redditch, Worcestershire, B98 7LG

Tel: +44(0) 1527 518777 Fax: +44(0) 1527 518718

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

## A Focus on Professor Sue Holmes



Sue Holmes is Professor of Nursing and Director of Research and Development in the Faculty of Health, Canterbury Christ Church University.

Professor Sue Holmes freely admits that her interest in nutrition was not a life long passion, but rather a bolt from the blue!

*"I began my career as a nurse at St Mary's Hospital, first as a staff nurse and then as ward sister mainly in medical wards. I also undertook a course in renal nursing. During that time I got married and was happily settling into family life. Then one day, my husband, who worked in the food science industry, invited me to join him at an international congress in Japan. That was the week that changed my life."*

*"The Congress was in September 1977, but it wasn't so much the conference that interested me as the surrounding discussions about nutrition and food was a health issue and that nutrition could affect patient outcomes",* explains Sue.

enthusiasm, the University invited her to continue her studies. After a short period at the Royal Marsden Hospital she returned to Surrey and graduated with a PhD in 1989.

*"My role was to enhance intake. At that time, nurses were sometimes hiding supplements in patients' meals as some were so unpalatable."*

*"During that time, malnutrition, particularly in the elderly, was rife in the NHS."*

Determined to effect some change in the system, Sue began to write about nutrition for nurses whilst undertaking her research. On completion of her PhD, she was appointed as Lecturer in Cancer Nursing with the remit to develop the MSc Advanced Clinical Practice (Cancer Nursing) which was the first such course in Europe. She has also been involved in many research programmes including the development of a resource pack (Eating Matters: A resource for improving Dietary Care in Hospitals), in collaboration with the Centre for Health Services Research and the Institute for Health of the Elderly, University of Newcastle, funded by the Department of Health.

In 1996, Sue was offered the Professorship in the Department of Nursing and Midwifery at Canterbury Christ Church College (now Canterbury Christ Church University) where she leads interprofessional research across a Faculty comprising nursing, social work, radiography, occupational therapy and mental health and learning disability.

*"My role at the University is extremely varied and stimulating",* says Sue, *"though it does not include as much nutrition as I would like and with new initiatives such as the Better Hospital Food Programme - and continuing pressure from groups such as BAPEN - we will continue to see a concentrated switch in perception and focus on nutrition in healthcare."*

**Sally Robinson, GCI Healthcare**

## Journal Watch - from a gastroenterologist's perspective continued

on inflammatory and immune responses in patients undergoing major surgery for cancer. *Nutrition 21 (2005) 639-649.*

This study looks at the impact of dietary supplementation around the time of major surgery. In recent years there has been a great deal of emphasis on nutritional support around the time of cancer surgery, both because of increased requirements and the difficulty of meeting these orally. The authors recruited 26 patients who were to undergo surgery for cancer. They were randomly assigned to receive a standard diet or a diet supplemented with (amongst other things) omega-3 fatty acids for the 5 days prior to surgery. They then completed the pre- and post-operative period. The authors demonstrated that supplementation translates into significantly increased blood levels of omega-3 fatty acids and rapid turnover proteins (pre-operatively), and decreased levels of inflammatory cytokines (post-operatively). They concluded that supplementation with omega-3 fatty acids may not only improve nutritional status, but also modify inflammatory responses in patients with cancer.

This study adds to the body of evidence regarding nutritional status around the time of surgery, but in itself will not alter current management. Some studies correlate supplementation with omega-3 fatty acids with improved clinical outcome, but in this study there was no difference between the groups with regard to post-operative complications and length of stay. However, this is an emerging and interesting field, and we can probably expect that in the future we will be giving our patients specific dietary supplements in the peri-operative period.

**Dr Charles Gordon MRCP, Specialist registrar in Gastroenterology, St George's Hospital, London**

## Intestinal Failure Workshop

On June 3rd 2005 we launched the first St Mark's Intestinal Failure workshop. This was as a result from feedback from our intestinal failure study day held in October every year, which is designed to be an overview of the topic. Generally people wanted the opportunity to discuss some topics in greater detail. Of course those details and topics will vary between individuals and between dietitians, nurses, pharmacists and doctors but there are common themes. So, how did it go? Well of course I should be the last person to tell you as I will be biased. However, I will try not to be!

The morning started with a taster, an overview of the subject by myself and this was, of course quite amazing (ah, no bias!). Debbie Buchan (now Debbie Jones) presented a case that would be continued in different ways during the day and then everybody was split into 3 groups. Places for the workshop were limited to 36, meaning that there were 12 people per group. Groups then rotated between 3 workshops: assessing requirements, oral nutrition in intestinal failure & drug treatments in intestinal failure. Alison Culkin (dietitian) ran the workshop on assessing a patients requirements and this covered calculating & measuring requirements and people had to do the calculations themselves. Morag Pearson & Diane Brundrett (dietitians) covered oral nutrition in intestinal failure as a duo and Jackie Eastwood (pharmacist) discussed the various drug treatments in intestinal failure. The morning was then rounded off by an excellent talk by Kirstine Farrer & Lindsay Harper who came down from the Hope hospital in Manchester to talk on the role of the dietitian & pharmacist in prescribing parenteral nutrition. This provoked stimulating discussion about supplementary & independent prescribing.



From left to right: Debbie Jones, Morag Pearson, Alison Culkin, Alastair Forbes, Simon Gabe, Jackie Eastwood & Diane Brundrett



Lunch break in the Himsworth Hall

After a lunch break the second workshop began which covered formulating an Intravenous Nutrition Regime, by Alison Culkin & Jackie Eastwood, enteral nutrition in intestinal failure by Morag Pearson & Diane Brundrett and complications of parenteral nutrition by Alastair Forbes and myself. Tea was then accompanied by a tasting of the electrolyte mix that we provide for patients (a vintage year!) and the day was rounded off by a talk on fistuloclysis by Kirstine Farrer from the Hope hospital, where they have the largest experience of this technique in the UK. Finally, I closed with a talk on the management of enterocutaneous fistulae.

Back to the first question then, how did it go? The feedback from the participants was overwhelmingly good, although some felt that we packed too much into the day and I have to agree. We are encouraged and plan to run this again next year. The date is still to be arranged so watch this space! Meanwhile we are running the [Intestinal Failure Study day on the 5th October – contact 020 8235 4046](#) to see if places are still available.

Dr Simon Gabe  
St. Mark's Hospital



Kirstine Farrer & Lindsay Harper were invited lecturers from the Hope hospital


## New Learning Unit on 'MUST' for Healthcare Professionals

**PACE** has launched a new education unit entitled '**An Introduction to Nutritional Screening – Using the 'Malnutrition Universal Screening Tool' ('MUST')**'. It has been designed as a work-based learning unit for nurses and healthcare professionals who wish to have an understanding of nutritional screening and knowledge in the use of 'MUST'. The unit has been developed by dietitians, nurses and educationalists. It describes the stages involved in nutritional screening using 'MUST' and the implementation of appropriate management guidelines using a care plan.

**PACE** undertook research into training requirements for healthcare staff which indicated that nutrition education was an important part of development but many staff do not have the time to attend formal sessions at local educational establishments, preferring a combination of work and home for study. Staff also feel that their education should be relevant to their area of work.


Work-based education which can be undertaken in short bite sized portions, is the ideal solution and also satisfies the need for healthcare staff to continue with education as part of their professional development. An Introduction to Nutritional Screening has been produced as a workbook containing evidence-based text and work-based activities. Upon completion of the workbook learners send an End of Unit Activity to Queen Margaret University College for marking. Successful learners receive a certificate.

continued on page 10



Partners in Active Continuous Education  
Queen Margaret University College

**An Introduction to  
Nutritional Screening – Using The  
Malnutrition Universal Screening Tool  
(‘MUST’)**



## New Learning Unit continued...

### The unit covers the following topics;

- The prevalence, causes and consequences of disease-related malnutrition
- Identifying malnutrition – the importance of nutritional screening
- 'Malnutrition Universal Screening Tool'
- Nutritional care pathways for implementation of 'MUST'
- Benefits and limitations of appropriate nutritional intervention

Upon completion of the unit learners will understand the stages involved in nutritional screening using 'MUST'. They will be able to implement appropriate management guidelines using a care plan including nutritional screening as part of the monitoring process thus being pro-active in the nutritional care and appropriate referral of patients/clients in their charge.

With the Knowledge and Skills Framework supporting effective learning along with the Career Framework for the NHS, continuing professional development with accredited learning has never been so important. Add to this the standards which require nutritional screening to be routinely undertaken in care homes and throughout the NHS then this unit is a valuable asset to those working in any healthcare setting.

The unit has been endorsed by BAPEN and is available for £50.

For further information please contact Yvonne Coull, PACE Manager on 0131-317-3446, [ycoull@qmuc.ac.uk](mailto:ycoull@qmuc.ac.uk) or [www.qmuc.ac.uk/pace](http://www.qmuc.ac.uk/pace)

## Journal Watch – from a nurse's perspective

### Effect of feeding tube properties on the residual volume measurements in tube-fed patients.

Metheny N, Stewart J, Nuetzel G, Oliver D, Clouse R. Journal of Parenteral and Enteral Nutrition 29 (3) 192-197 2005.

Tube feeding protocols frequently include the measurement of gastric residual volumes (GRV's) to assess intolerance to feeding despite there being much disagreement as to its efficacy. However, the lack of any simple bedside alternative means that it is likely to continue to be used for the foreseeable future. One of the difficulties is in deciding what volume of aspirate you use as your 'cutoff' point for discontinuing feeding. Values quoted range from between 50ml and 500ml. Part of the variable in defining this volume may be explained by the differences in the kind of feeding tubes used. It is this that Metheny et al explore in their study. Their objectives were;

1. Compare the volume of gastric contents obtained from small-diameter feeding tubes and large diameter sump tubes concurrently positioned in the stomach.
2. Describe the distribution of GRV's obtained from large diameter sump tubes when small bowel feedings are in progress.

137 intensive care patients were included in the study, 62 for the first research question and 75 for the second. Their conclusions were that GRV's from large diameter sump tubes were up to 1.5 times greater than those from small diameter tubes and that large GRV's occur in at least 5% of patients receiving post pyloric feeding.

The tubes used in the study were 10fr (small bore) and 14-18fr (large bore) all with different tip designs. Tip design, number of exit holes and where they are positioned, would influence the results and this variation is acknowledged as a study limitation.

Info

between types and makes and would possibly have had an influence on the results.

These findings would seem to show that the use of small diameter tubes may substantially underestimate GRV's. These findings would seem to support the practice in many ITU's of using wide diameter tubes for feeding until stomach emptying is assured and then switching to fine diameter tubes for subsequent use.

### Much ado about refeeding.

McGray s, Walker S, Parrish C. Practical Gastroenterology January 2005 30-44

Although nutrition support can often be a life saving therapy, if nutrition is not delivered properly, refeeding the malnourished patient can

be easily understandable, particularly with regard to the pathophysiology. This article by McGray et al goes some way to redressing that.

Despite the difficulties of different values for blood results and different drug names and doses, this American review would be a useful addition to any nutrition nurses reading list.

### Two-year audit of PEG patient follow-up.

Haboubi et al Gastrointestinal Nursing 3 (3) 25-30 2005

An interesting paper outlining the benefits of a multi disciplinary follow up clinic for PEG patients. These benefits included; early

identification and regular nutritional assessment, and promotion of the value of working in a multiprofessional way. The paper would be a useful resource for those considering setting up a similar service.

Lynne Colagiovanni

Consultant Nurse – Nutrition Support

University Hospital Birmingham NHS Foundation Trust and Chair, National Nurses Nutrition Group (NNNG)





# 2005/06 Diary Dates



**BAPEN**  
Advancing Clinical Nutrition

National Dates	Meeting - National	Venue and Contact Details
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>
14th - 18th Nov	Nutritional management in diabetes – postgraduate level module	Further details contact: <a href="http://www.diabetescare.warwick.ac.uk">www.diabetescare.warwick.ac.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>
21st Dec	Nutrition Advisory Group for Elderly People.	Royal College of General Practitioners, 14 Prince's Gate, Hyde Park, London, SW7 1PU. Tel: 0207 5813232. For further information contact: <a href="mailto:ruma.kinthead-weekes@virgin.net">ruma.kinthead-weekes@virgin.net</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>
2nd Dec	1st UK Swallow Research Group Conference, London	Registration £120.00 (including lunch). For further information contact: Maxine Power: <a href="mailto:mpower@fs1.ho.man.ac.uk">mpower@fs1.ho.man.ac.uk</a> Steve Davies: <a href="mailto:steve.davies@ghnt.nhs.uk">steve.davies@ghnt.nhs.uk</a> David Smithard: <a href="mailto:Dgsstroke@aol.com">Dgsstroke@aol.com</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>
8th - 10th Dec	3rd Cachexia Conference 2005-09-02 Rome, Italy	<a href="http://www.cachexia.org">www.cachexia.org</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>
23rd April	ESPEN Advanced course in clinical nutrition	Maastricht, Netherlands. Contact: Nicole Hartgers email: <a href="mailto:n.hartgers@surgery.azm.nl">n.hartgers@surgery.azm.nl</a>
26th April	Nutrition Through Life. Royal College of Physicians, London	<a href="http://www.nutritionthroughlife.com">www.nutritionthroughlife.com</a>
10th - 11th June	ESPEN Intensive Course in Tracer Methodology in Metabolism	Stolckholm Sweden Contact: <a href="http://www.mrc.unimaas.nl/~ctmm">http://www.mrc.unimaas.nl/~ctmm</a>

## 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 address above with your cheque

## A Study Day on Intestinal Failure in Adults

Bapen Approved

Date: **Wednesday 5th October 2005**

Time: **8.45 – 17.00**

Venue: **St Mark's Hospital, Harrow, Middlesex**

Cost: **£95.00 includes coffee, tea and lunch**

Details from, St Marks's Academic Institute.  
Tel. **020 8235 4046/4048** Fax **020 8235 4039**  
e mail [stmarks@imperial.ac.uk](mailto:stmarks@imperial.ac.uk)  
Website: [www.stmarkshospital.org.uk](http://www.stmarkshospital.org.uk)

## 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)**

## Use of foley catheters for enteral feeding

As a result of the One-Liner from the MHRA (Medicines and Healthcare Products Regulatory Agency) on the use of foley catheters for enteral feeding which appeared in the last InTouch several comments have been received by the Agency. Although they are aware of the clinical reasons for the use of foley catheters for emergency stoma maintenance the Medical Device Alert 2004/006 [www.mhra.gov.uk](http://www.mhra.gov.uk) should be consulted and the appropriate action taken.

### *A couple of the key points from the alert include:*

- Where the healthcare organisation or healthcare professional judges that there is no alternative but to use a medical device off-label or to modify an existing medical or non-medical device, carry out and document a full risk assessment, and consider the ethical and legal implications.
- Where a healthcare professional judges there is no alternative to off-label device use, the patient must be fully informed during the consent procedure and a note made in the patient's records.

## News, News, News...

LITRE is holding an open day on 27th September 2005 at the Medical Society, London starting at 1.30pm. Contact [lisa.harrison4@tesco.net](mailto:lisa.harrison4@tesco.net) if you are interested.

**Food, older people and quality of life** – free dissemination workshop. Venue central London 26th October 2005. This is a unique opportunity to hear about and discuss the findings of a three year European funded study. Contact Mike Davidson [mike6631@btinternet.com](mailto:mike6631@btinternet.com) for further information

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:

## Regional Representatives

### Scotland

Carol-Anne McAtear  
Nutrition Support Dietitian  
Tel: 0141 201 5572 Fax: 0141 201 5037  
Email: [caroleanne.mcatear@sgh.scot.nhs.uk](mailto:caroleanne.mcatear@sgh.scot.nhs.uk)

### Ireland

Ms Sharon Madigan  
Community Dietitian  
Tel: 02890 366 877 Fax: 02890 311 353  
Email: [s.madigan@ulster.ac.uk](mailto:s.madigan@ulster.ac.uk)

### Wales

Dr Campbell Edmondson  
Consultant Anaesthetist  
Tel: 01978 725955 Fax: 01978 725932  
Email: [w.edmondson@new-tr.wales.nhs.uk](mailto:w.edmondson@new-tr.wales.nhs.uk)

### North West

Dr Jon Shaffer  
Consultant Gastroenterologist  
Tel: 0161 787 4521 Fax: 0161 787 4690  
Email: [jon.shaffer@srht.nhs.uk](mailto:jon.shaffer@srht.nhs.uk)

### Northern & Yorkshire

Emily Weinel  
Nutrition Nurse Specialist  
Tel: 0191 454 8888 bleep 791 Fax: 0191 202 4145  
Email: [emily.weinel@sthct.nhs.uk](mailto:emily.weinel@sthct.nhs.uk)

### Trent

Dr Jeremy Nightingale  
Consultant Gastroenterologist  
Tel: 0116 2586324 Fax: 0116 2586985  
Email: [jnight@globalnet.co.uk](mailto:jnight@globalnet.co.uk)

### West Midlands

Alison Fairhurst (joint rep)  
Nutrition Support Dietitian  
Tel: 01384 244017 Fax: 01384 244017  
Email: [alison.fairhurst@dgh.nhs.uk](mailto:alison.fairhurst@dgh.nhs.uk)

Sue Merrick (joint rep)  
Dietitian & Team Leader for Nutrition Support  
Tel: 01902 643183 Fax: 01902 644945  
Email: [sue.merrick@rwh-tr.wmids.nhs.uk](mailto:sue.merrick@rwh-tr.wmids.nhs.uk)

### Eastern - West

Jan Dart  
(Chief Dietitian)  
Marion O'Connor  
(Senior Dietitian)  
Tel: 01865 221702/3 Fax: 01865 741408  
Email: [janeane.dart@orh.nhs.uk](mailto:janeane.dart@orh.nhs.uk)  
Email: [marion.o'connor@orh.nhs.uk](mailto:marion.o'connor@orh.nhs.uk)

### Eastern - Anglia

Dr Ian Fellows  
Consultant Gastroenterologist  
Tel: 01603 288356 Fax: 01603 288368  
Email: [ian.fellows@nnuh.nhs.uk](mailto:ian.fellows@nnuh.nhs.uk)

### North Thames

Dr Simon Gabe  
Consultant Gastroenterologist  
Tel: 0208 235 4177 Fax: 0208 235 4001  
Email: [s.gabe@imperial.ac.uk](mailto:s.gabe@imperial.ac.uk)

### South Thames

Mr Rick Wilson  
Director Dietetics & Nutrition  
Tel: 0207 346 3243 Fax: as telephone  
Email: [rick.wilson@kingsch.nhs.uk](mailto:rick.wilson@kingsch.nhs.uk)

### South West (West)

Dr John Lowes  
Consultant Gastroenterologist  
Tel: 01803 654865 Fax: 01803 654896  
Email: [john.lowes@nhs.net](mailto:john.lowes@nhs.net)

### South West (East)

Mr Peter Rhodes  
Principal Pharmacist  
Tel: 0238 079 6090 Fax: 0238 079 4992  
Email: [peter.rhodes@suht.swest.nhs.uk](mailto:peter.rhodes@suht.swest.nhs.uk)

### South East

Dr Paul Kitchen  
Consultant Gastroenterologist  
Tel: 01634 830 000 Fax: 01634 833 922  
Email: [paul.kitchen@medway.nhs.uk](mailto:paul.kitchen@medway.nhs.uk)

### Industry Liaison

Carole Glencorse  
Nutritional Services Manager  
Tel: 01628 644163 Fax: 01628 644510  
Email: [carole.glencorse@abbott.com](mailto:carole.glencorse@abbott.com)