



BAPEN

Advancing Clinical Nutrition

British Association for Parenteral and Enteral Nutrition

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.

Contents

A tribute to officers past	1
A glimpse into the past and future	2
Early nutrition programming in EARNEST	3-4
Malnutrition makes the news – from the BBC to the Eden Project!	5
Food – it's the glue that keeps us connected	5-6
Report from the annual meeting of the British Association for Parental and Enteral Nutrition	6-9
Enteral feeds – involving everyone, including patients	10
BAPEN Annual Conference	11
Contact details	12

The Newsletter of the **British Association for Parenteral and Enteral Nutrition**. Printed version: ISSN 1479-3806. On-line version: ISSN 1479-3814.

All contents and correspondence are published at the discretion of the editors and do not necessarily reflect the opinions of BAPEN. The editors reserve the right to amend or reject all material received. No reproduction of material published within the newsletter is permitted without written permission from the editors. BAPEN accepts no liability arising out of or in connection with the newsletter.

BAPEN is a Registered Charity No: 1023927.

in Touch

Issue No. 40 £2.00 to non-members

A tribute to Officers past...

Professor Alistair Forbes stood down from his position as Chairman of BAPEN in November 2005. He took on leadership of a large organisation whose strengths lie in the multidisciplinary nature of its membership which provides a wealth of his experience and helps create a balanced perspective in the enormously complex field of malnutrition and related issues.

However, inevitably such a 'broad church' will also incorporate a number of different visions for future directions and priorities for the Association. Alistair rose to these challenges with enthusiasm and sensitivity. The challenge of developing a strategy through which the Organisation can grow and flourish, while maintaining a successful balance between the interwoven threads of clinical care, health professional and public education and original research is one to which Alastair took to with eagerness. His enormous clinical and political experience in the field of intestinal failure has proved invaluable in guiding the Association down a path, which has tried to ensure that BAPEN continues to deliver its core activities, while also looking to the future and the needs of the various member groups.

Notwithstanding his numerous other commitments, he is hugely committed to the Organisation, and has worked tirelessly behind the scenes to nurture and promote the legacy left by Dr Chris Pennington in 2002.

On a personal level, I owe him a large debt of gratitude for helping to ensure that my first year



Professor Alistair Forbes Chairman BAPEN May 2002 – November 2005

as honorary secretary went (relatively) smoothly! From the point of view of BAPEN, we are extremely lucky that the qualities he brought to the Chairmanship have ensured that the Organisation is on a sound footing to evolve and progress even further over the next few years.

We wish him all the very best in his new ventures and hope that he will continue to contribute some of his valuable experience from the 'back benches'.



Niall Bowen Honorary Treasurer March 2002 – November 2005

'What a treasure...' – and so say all of us. Niall is a true BAPEN stalwart and is universally respected throughout the Organisation by all his colleagues. Niall took on the role of Treasurer for BAPEN at a time when the financial affairs of BAPEN needed careful management as major changes were imminent. As many of you will be aware, the relationships between "industry" and

BAPEN has necessarily changed significantly in the last couple of years, such that we can no longer guarantee income from such a source. Niall as an individual has been dedicated to the success and stability of BAPEN. He possesses enormous integrity and has deployed his commercial and financial acumen to the advantage of the Association. Through his careful handling of treasurer's affairs, the financial stability of BAPEN has been maintained, and the groundwork laid for the hopefully successful reorganisation of future relationships between us and our industry partners. We have all enormously enjoyed and valued working with Niall and hope that he will continue to contribute some of his wisdom, experience and humour from the sidelines.

Dr Penny Neild Honorary Secretary on behalf of BAPEN

A glimpse into the past and future

It is 17 years since Professor John Lennard-Jones, Professor David Silk and I went, with some apprehension, to meet Barbara Stocking, the Director of the King's Fund Centre, with the view to establishing a working party that was to write a report in straightforward terms why nutrition is an important issue for patients and the NHS.

The apprehension quickly disappeared because the King's Fund strongly supported our proposal. This led to the formation of a working party, represented by key individuals from several disciplines in the UK, and to the publication, in January 1992, of the influential King's Fund Report: *A positive Approach to Nutrition as Treatment*. One of the key recommendations of this report was the establishment of a national multidisciplinary organisation to draw together and represent the common interests of patients, academic nutritionists, dietitians, nurses, doctors and the pharmaceutical industry.

In the same year BAPEN was established and initially chaired by Professor John Lennard-Jones (1992-1995), followed by Professor David Silk (1995-2000), Dr Chris Pennington (2000-2002), and Professor Alastair Forbes (2002-2005). It is now my great honour to take up the Chair of BAPEN, after such prestigious predecessors. All the previous chairs of BAPEN have been men, a tradition that I hope will change in future, and all have been gastroenterologists, a tradition that has changed with my appointment. Although I have been trained in gastroenterology, my main

professional activity has been in metabolic medicine and nutrition, including nutritional support.

The breadth of nutrition is large, spanning the entire lifecourse, from fetus to old age, and all medical disciplines. Therefore, we should hear each other and optimally structure and integrate our contributions to our newsletter, meetings, conferences, and political activities. If we can do this, we will be more effective in influencing policy and improving care. BAPEN also needs to align itself with other influential bodies, including the Royal Colleges, the Department of Health and other governmental agencies, as well as the Intercollegiate Group on Nutrition, the Health Professionals Confederation, the Nutrition Society, and the British Dietetic Association. This would ensure that we move forward as a discipline without duplication of effort or provision of conflicting messages. BAPEN should take a lead in several new initiatives, such as the economics of malnutrition, and implementation of nutritional screening, and training and education, whilst playing to its strength: a multidisciplinary perspective.



There are many challenges ahead, but I am optimistic that, with your help and support, and with sound advice from the Faculty, we can overcome any difficulties, and grow stronger and more influential, so that we may help alleviate the suffering and distress associated with malnutrition and other nutritional problems.

Professor Marinus Elia Chairman BAPEN

Early nutrition programming in EARNEST

Cardiovascular disease, diabetes, obesity and mental health are key targets as European scientists begin to work together on nutrition in the womb and infancy to improve health in adult life.

A €16.5 million multi-disciplinary research project with EU funding is involving 38 research institutes in 16 European countries to collate and develop evidence, and drive policy and practice change, to improve nutrition in pregnancy and early infancy and reduce the incidence of metabolic and cognitive disease

"Early nutritional programming is where nature and nurture overlap – the interaction of genetics and environment," said Professor Dr. Berthold Koletzko, University of Munich, Project Co-ordinator, at the launch of the webcast following the opening meeting of the Early Nutrition Programming Project (ENP)

"Differences in nutritional experience at critical periods in early life, both before and after birth, influences or 'programmes' development and health throughout life. Building on current

evidence, our research will drive new thinking on nutritional standards and advice to maximise long-term health and well-being."

Multi-disciplinary expertise will deliver action

The ENP is a pan-European multi-disciplinary project bringing together scientists from 38 research institutions across 16 EU countries in the fields of genetics, molecular biology, epidemiology, public health and consumer behaviour.

The project, with its six integrated themes, will improve understanding of early nutrition programming, based on inter-disciplinary research from the follow up of clinical trials, epidemiology, genetic work and consumer science. Teams involved with commercial development,

economic modelling and dissemination to a wide group of interested parties will allow the project to test the practicality and applicability of its findings for governments, commercial operations, non government organisations and consumer groups.

Robust and effective public health policy

The potential of reducing the incidence of adult diseases that have their origins in nutritional intake encountered in the womb and early childhood has been acknowledged by the EC through the funding provided for this research project and team. Through its integrated approach, the ENP will provide evidence that will lead to the creation of robust and effective public health policy and practice in nutrition. ►

The funding provided by the EC, and overseen by Scientific Officer Isabelle de Froidmont-Görtz, supports the creation of a virtual 'Institute of Early Nutrition Programming' and the training of a new generation of internationally respected multi-disciplinary scientists, an essential asset in maintaining Europe's lead in this critical area of research.

Early nutrition programming in humans 'in its infancy'

This is highlighted by Professor Koletzko of the Children's Hospital, University of Munich, Germany. He says "The impact of nutrition in early life has already been clearly demonstrated in studies of animal behaviour and development. In human populations, the science of Early Nutrition Programming is in its infancy.

Major differences in risk factors for significant health problems - such as cardio-vascular disease, diabetes, obesity, bone health, immune function, cognitive development and behaviour - have already been observed in children who experienced different diets in the first few months

of life, or whose mothers were given different supplements during pregnancy. These studies have not been running long enough to know whether the differences seen in childhood persist into adult life. If they do, the impact on the health of future generations is enormous."

Nutritional interventions to counteract negative nutritional influences

The ENP research partners will continue to track the results of these studies and work together to investigate nutritional interventions with the potential to improve or counteract early nutritional programming. Key questions for the project are - 'How important is early nutrition programming compared to lifestyle changes in adulthood?'; 'When are the critical time periods for development and intervention?' and 'Which specific nutrients are responsible for what effects?'

Improving nutrition for premature infants or those slow to develop in the womb will be an early focus of the ENP, leading to guidelines on new product development and professional practice and advice to consumers.

Is what our mothers ate in pregnancy most important?

Professor Dr Bert Koletzko concludes: "How far can we undo the adverse health effects of early nutrition programming? How does good nutrition in the womb or in the first year of life create better adult health? Can lifestyle changes counteract a poor diet in the womb and infancy? How important for health is what our mothers ate during pregnancy compared to what we eat now? How can we get our messages across effectively to professionals and the public?"

Drawing on existing and new evidence, these are some of the challenging questions we will be addressing during the five years of this ground-breaking research project."

Log onto www.earlynutrition.org to view the webcast of the start-up meeting of the project.

Log onto www.metabolic-programming.org for further information. If you would like to be kept up to date with the research project, log your details on the website.

THEME	THEME LEADER	TITLE
1	Follow-up of major intervention trials in pregnancy and early life	Prof Alan Lucas Medical Research Council, Institute of Child Health, London UK
2	Prospective epidemiology	Prof Jorn Olsen University of Aarhus, Denmark
3	Animal, cell and molecular studies	Prof Michael Symonds University of Nottingham, UK
4	Consumer attitudes	Dr Monique Raats Food, Consumer Behaviour & Health Research Centre, University of Surrey, UK
5	Economic/public health impact studies	Prof Rudiger von Kries University of Munich, Germany
6	Demonstration studies	Dr Monserrat Rivero Ordesa, Barcelona, Spain

15th ESPEN Advanced Course in Clinical Nutrition

Maastricht, The Netherlands April 23-29 2006



Do you want to learn more about clinical nutrition? There are still a few places left on this prestigious course. The faculty comprises European experts in the field and there is a mixture of interactive lectures and practical workshops. Delegates are recruited from across Europe, and attending the course will provide you with new skills, an excellent knowledge base and an enviable network in this field.

If you want to know more, please visit the ESPEN website (www.espen.org) or get in touch with Nicole Hartgers (n.hartgers@surgery.azm.nl)

You will need to send her your CV together with a letter of support for you to attend the course

BAPEN in the media

Malnutrition makes the news – from the BBC to the Eden Project!

In the run up to the time of year when over-indulgence and a feeling of fullness sweeps the nation, malnutrition made the news.

This was thanks to the launch of BAPEN's new health economic report on the cost of malnutrition which has, for the first time, put a price tag on the expenditure attached to failing to pick up those suffering from, or at risk, of malnutrition.

Not only did the Report make the news – it made the national BBC Television news at the prime time of 6 o'clock on Tuesday 13th December 2005.

An exclusive 3 minute report was broadcast by the BBC News featuring Professor Elia, Dr Trevor Smith and two willing patients at Southampton General Hospital; an Age Concern lunch club in London attended by those identified at risk of malnutrition, and staff and residents at Middleton Hall Nursing Home in Co Durham.

Whilst a short report, the piece delivered the key messages around the cost of care, the impact of malnutrition and the importance of screening using the 'Malnutrition Universal Screening Tool' ('MUST').

At the same time as the television report, Adam Brimelow, Health Editor of the BBC, broadcast a 3 minute feature on Radio 4's Six O'Clock News. You can hear this piece again by logging onto

the Radio 4's BBC website – www.bbc.co.uk – and selecting the right date 13 December 2005.

Interviews with many BBC radio stations followed from BBC Scotland to Radio 5, BBC Southern Counties to BBC Northern Ireland.

A media release was also sent to our national newspapers and we are waiting to assess coverage – let me know if you have seen coverage that may have not been picked up.

Over the New Year, a targeted release was being sent out to a wide range of professional journals concerned with professional practice, social care and nutrition. Again send details if you know of any newsletters, magazines or websites where we should send the release – all contributions welcome!

Many thanks to all those who supported the filming with the BBC – Southampton General Hospital, Middleton Hall Nursing Home, Age Concern England and a special mention to Rachael Masters.

Oh! And the reason for the Eden Project being in the title? They phoned today to say that they

are setting up a special project on nutrition and health, obesity and malnutrition in February half-term 2006 and want to use the 'MUST' as an activity for visitors and to set up debates to highlight the issues.

Now that's what I call news!



Rhonda Smith BAPEN Media Co-ordinator

"Food – it's the glue that keeps us connected"

So say older people across Europe who have participated in research designed to inform food manufacturers, retailers and service providers about how they can provide more appropriate products, services and environments for older customers.

"Food is so important for older people. Through shopping, choosing and preparing foods, deciding where and what to eat and with whom, older people are engaged in activities that keep them connected with their friends, families and community. These social networks have a high impact on food procurement in helping people to access foods and food services, improving health, independence and quality of life," says Food in Later Life joint project co-ordinator Dr Margaret Lumbers of the University of Surrey.

The project investigated a wide range of food procurement issues surrounding older people with particular emphasis on comparing the differences

between men and women, people living alone and with others and younger old versus older old.

Barriers and constraints experienced around access to a healthy diet

As the older population continues to increase, it will become even more important to understand the barriers and constraints experienced by older people when trying to obtain a healthy diet. The development of targeted food products and services, health and social support to reduce barriers should help to prevent the risk of suboptimal nutrition that exists among some older people living at home. The enjoyment of

life of older people will ultimately be enhanced if they are not having to compromise in terms of getting the sort of food and meals they prefer.

Issues under the research spotlight included: factors that affect how older people choose food; how and why they buy it and how they plan meals; how satisfied they are with food services; how older people use formal and informal networks to buy, prepare and eat food; what meals mean to people as they get older and their circumstances change; and what older people want to get out of food and meals. ►

Potential for improvement

"What comes across loud and clear from older people who participated in our research is that they are not always getting what they want or need. We have identified some shortcomings and potential areas for improvement across services. In this sense, food manufacturers, retailers and food service providers may be inadvertently letting older people down," continues Dr Lumbers.

Dr Monique Raats joint project co-ordinator, University of Surrey adds: "Food and meal providers assume they know what older people want in terms of food products, shopping and meal experiences – but in many instances they either do not ask them at all, or do not ask them in ways which deliver honest feedback."

Older people don't 'shop till they drop' and only in large supermarkets

"Older people in our Surrey sample reported that they shopped almost exclusively at large supermarkets and on average only 2.5 times a week," said Professor Sara Arber, University of Surrey. "This contrasts sharply with our European counterparts who shop for food and provisions on average 5 times a week and use a variety of outlets from specialist shops and markets to neighbourhood supermarkets.

Most of our UK participants used cars to go shopping at large out of town supermarkets. Potentially this reduces the number of opportunities for walking, physical activity and interaction within the community, thereby increasing the risk of social isolation."

Whilst some of our participants found visits to large supermarkets something of an ordeal due to crowded aisles, poor signage and labelling which didn't take enough account of failing eyesight, many were positive about the experience and liked the convenience of the one-stop shop. But they were also unhappy about the recent introduction of expensive franchised cafes in store.

"We want to enjoy our food shopping more," say our older customers. "Reduce the ambient noise, provide a plan of products on shelf, label aisles and products clearly, provide shopping 'buddies' for those less able – not just packers – and give us more opportunities to try new products and tastes."

Martin Koyce of Tesco responds: "We are considering how best to extend our home shopping service – but I had not taken on board the fact that home shopping may contribute to social isolation. I can see now that it is a balancing act! I look forward to seeing further results from the project – we need further guidance."

Providers of food services need more honest feedback from users!

"Across all countries, users of day centres and meals on wheels tend to be reluctant to complain formally about meals that are poorly prepared or presented," according to Dr Wendy Hunter from

the University of Surrey. "To be frank, they are worried that food services might be withdrawn if they complain.

But we know from some providers that they really do try to obtain formal feedback from their users. The challenge for local authorities and food service providers is to obtain accurate feedback that will provide a mandate for change and ensure that older customers are really getting the quality and choice they deserve – and should expect."

"Provide incentives for us to feedback regularly and honestly," say older users of food services. "Link our feedback to competitions and to social activity at the centres. Provide more information about food services to attract new users so that it becomes a bigger business with better choice."

It takes months to become malnourished – it cannot be solved in hospital

"You can't live on soup and ice-cream alone – that is what most older people with swallowing problems in care are usually given," says Neil Bosomworth-Palliser, Specialist Consultant Chef. "With 74% of nursing home patients, 15% of all hospital in-patients and up to 65% of stroke patients suffering from swallowing problems [dysphagia] that is a lot of older people not getting their daily nutritional requirements."

"Access to foods and food services that fulfil the nutritional needs of older people is vital if we are to tackle the high rate of malnutrition we see in hospital," states Rick Wilson, Director of Nutrition and Dietetics at King's College Hospital Trust, London. "It takes months to become malnourished – it does not happen overnight – so this must be tackled in the community."

Older citizens want to see the nutritional guidelines set by organisations such as the National Association of Care Caterers being used by service providers to ensure the meals they consume meet basic nutritional needs.

"Give us greater choice," say older consumers, "such as one course only, and a Meals on Wheels service that covers all day catering, not just one meal."

Convenience may not be so convenient

"The term 'convenience food' may not conjure up the positive benefits that producers and retailers expect," explains Dr Monique Raats, "as for many older consumers there are overtones of guilt and restriction. At the same time most of our participants wanted food to be convenient in terms of it being easy to carry home, store and prepare.

Also the term 'functional food' is not understood by this consumer group - in common with many other groups! – and has negative connotations as there is a belief that food must not be seen as 'medicine' but as a source of pleasure and satisfaction."

Nutritionally 'at risk' linked to life transitions

"The experience of food changes dramatically when our personal circumstances change," explains Dr Kate Davidson of the University of Surrey. "We are at our most vulnerable when we lose a partner, when our own health or that of a partner deteriorates – and the way in which we shop for, prepare and consume our food changes.

For women in our study, widowhood can be a double-edged sword, on the one hand freedom from the routine of cooking but at the expense of eating alone and reduced enjoyment of meals. But widows tended to cope and continue eating. Widowers either became experts – 'I don't know what the fuss is all about; you just have to be organised' – reluctant cooks, simply preparing and cooking foods because they have to eat, or 'resisters' who attend venues where they can buy food or be catered for."

The new 'living alone together' set

More individuals are forming new relationships in later life, often maintaining their own homes but taking holidays together and sharing food shopping, preparation and meals. In these relationships, it is often the case that even if the man had been caring for himself quite capably, the woman stepped in to take over the kitchen once again.

"Our overall findings suggest that, without doubt, food is the glue that helps keep older people connected to their family, friends and neighbourhoods, contributing hugely to health, independence and quality of life in later years," concludes Dr Margaret Lumbers.

The Food in Later Life project has been carried out with the financial support of the Commission of the European Communities. It involved 8 countries – UK, Sweden, Denmark, Germany, Poland, Italy, Spain and Portugal.

The project was set up to deliver comparative information between men and women living alone and with others and between Northern, Southern and Eastern Europe.

Reported by
Rhonda Smith BAPEN Media Co-ordinator

Report from the annual meeting of The British Association for Parenteral and Enteral Nutrition

November 2005 Reported by **Clare Gurton**, Freelance Medical Writer

News and updates

In a lively opening session to last year's annual meeting the subject of guidelines and standards was the bond for almost all the speakers. Alastair McKinley discussed the need for continued lobbying for nutritional care and 'MUST', Mike Stroud gave an update and a thank you to all of those involved in the development of the NICE guidelines and Pat Howard called for recruits for Nutrition Day in Europe. Highlights of this session together with a selection of appropriate presentations from throughout the conference are given below.

'MUST' and MAGNET

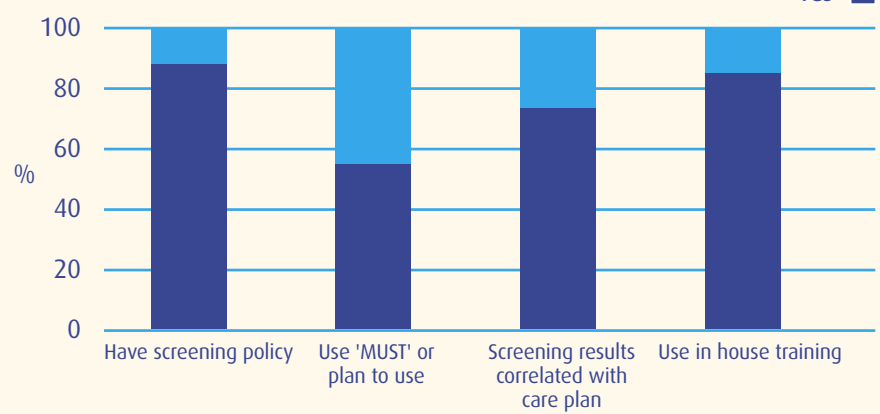
Alastair McKinley, chairman of MAG, recently re-launched as the Malnutrition ACTION Group, provided an update for 'MUST' and its implementation - whilst the development and introduction of 'MUST' had been a huge success, said Dr McKinley, MAG must now follow through with various strategies to ensure that screening for and the issue of malnutrition continue to be at the forefront of thinking. These strategies include the need for continual lobbying to get malnutrition properly recognised; for the continued implementation and validation of 'MUST'; for the provision of educational support for 'MUST' and to agree and recognise standards for nutritional care within the NHS.

Nutritional screening in the UK lacks integration into patient care plans

As part of its strategy for the implementation of 'MUST', MAG sent out a national questionnaire in September, designed to assess how well this screening tool is being incorporated into practice in the UK. The findings from the survey, based on a comparatively small number of responses from potentially biased responders (all members of BAPEN), indicate that although nutritional screening policies are in place in the majority of cases, their integration into overall patient care is less well established. Currently screening is mandatory in hospitals in Scotland and Wales; hopefully once the NICE guidelines are published in February 2006, nutritional screening will become routine practice in all care settings in the UK.

The overall results from acute hospitals which represented 84% of the responses are summarised in the figure, they indicate that although over 50% of hospitals are already using 'MUST' or plan to do so, 43% do not use 'MUST' (although the majority of these were using an 'in house' screening tool). This, together with other results from the survey, highlights the enormous variation in nutritional standards used throughout the UK and has prompted MAG to explore the value of organising a conference on standards in nutrition next year.

Nutritional Screening in Practice - Implementation of 'MUST' in Acute Hospital Settings (84% of responders)



The MAG survey also highlighted the potential importance of training; whilst many respondents did use some training materials, the majority were developed 'in house' and this will only add to the lack of national standards in nutritional screening. It was interesting to note that 32 of the 56 respondents were interested in joining a 'MUST' network to share clinical practice. As a result MAG announced the launch of MAGnet designed as a support network for those already using 'MUST' and those wishing to use the screening tool.

Guess my weight - how many wards have scales?

The lack of standards was clearly evident in a poster presentation from the **Nutrition Support Team at Addenbrooke's Hospital** in Cambridge, who conducted an audit of hospital scales in ward areas following a visit from the Trust Calibration and Service Contractor. Their audit, aptly named 'Guess my weight', included the majority of wards and acute units within Addenbrookes (43 wards and 78 balances). A total of 16% of wards had no scales, 8% of scales were broken and unusable and only 66% recorded a weight within 0.5kg of the mean. Since knowledge of a patient's weight is a fundamental requirement for appropriate nutritional support and since many patients may change wards frequently, it is essential that scales are accurate and readings are reproducible. Measures to improve the accuracy of scales such as standardisation of manufacturers and models and regular maintenance are now in place in this Trust.

Are we using 'MUST' correctly?

Another poster interested in local policy and standards of care, from the **Queen Elizabeth Hospital** in London presented by **Lisa Hodgson**, showed data generated from an audit which

aimed to find out whether or not their Trust is using MUST correctly. The audit examined the case notes of all patients admitted to the hospital during one week in January 2005. In total 630 patients were admitted and notes were available for 315 (50%) of these. A nutritional screening tool was used in only 5.4% of cases and there was no recorded nutritional information of any sort in 69% of cases! So despite implementation of a simplified screening tool and regular training, the importance of nutrition is still being overlooked.

NICE - pragmatic guidelines will broaden awareness

As the development of the NICE guidelines on nutrition proceed, Mike Stroud thanked all those who had looked at and commented on the first draft guidelines which have now gone to second draft and are due for publication in February 2006. Whilst these guidelines are largely pragmatic and provide little added information for BAPEN members already expert in the field of nutrition, they should be seen as general recommendations to all, covering for example, why nutrition is so important, what the nutritional options are, what are the risks and benefits of these options and what the legal and ethical concepts are. Sadly, said Dr Stroud, these guidelines are still largely for the hospital sector and not for care homes for example; this is because they are 'evidence based' and there is so little real evidence from the community sector. Overall the guidelines are a good thing said Dr Stroud, since they will raise awareness of nutrition and nutritional screening and will have credibility outside of nutritional circles.

How often are guidelines followed correctly?

NICE guidelines will, hopefully, provide a new impetus for nutritional screening and ensure ►

that policies are standardised throughout the UK. Sadly however, guidelines are not always followed and this point was illustrated in a poster from the **Macclesfield Hospital** in Cheshire. In a study designed to assess whether the recommendations of the BSG guidelines on nasogastric (NG) tube feeding were being followed in a district general hospital, investigators discovered very poor compliance with the guidelines: results showed only 40% of patients had documentation of NG tube insertion in their case notes, only 20% had their feeding position documented and the overall NG tube related complication rate was 57.6%.

In contrast, a poster from **Katie Wood**, a specialist oncology dietitian from the **Royal Free Hospital** in London, showed the introduction of nutritional guidelines for head and neck cancer patients undergoing radiotherapy had led to significant improvements in the nutritional management of this group of patients. These guidelines were properly implemented, perhaps as a result of having a specialist oncology dietitian present at the clinic and since their introduction, fewer patients lost weight over the course of radiotherapy and there were no admissions for feeding.

January 19th 2006 – Nutrition Day in Europe

Benchmarking is another way of improving overall standards – if it is possible to benchmark your own practice with others, then areas where improvements can be made are clear to see. On January 19th 2006 the first of three cross-sectional audits will take place across Europe. This new initiative, sponsored by ESPEN and managed by Professor Hiesmayr at the University of Vienna, should provide robust data for benchmarking both local and national nutritional practice and will provide useful information on important areas for improvement.

Pat Howard the UK representative for ESPEN outlined the importance of Nutrition Day in European hospitals and called for recruits from BAPEN members who were asked to register their interest as soon as possible. The potential benefits of such a survey are significant said Pat Howard. Not only would the results allow the UK to benchmark its practice against other European countries, it will also be a unique opportunity for all of those involved to anonymously benchmark their own practice.

In addition it will provide evidence for initiatives such as Healthcare Standard 15b and Essence of Care, and provide a snapshot of the relationship between risk and resource allocation and will raise awareness of all nutritional issues particularly with local management.

The second and third audits are scheduled for November 2006 and November 2007 respectively – so if you miss this one, please register your interest for the next. To find out more you can visit the website www.nutritionday.org or contact Pat Howard at the Bristol Royal Infirmary [email: pat.howard@ubht.swest.nhs.uk].

BANS, Line Sepsis and intravenous feeding

Line Sepsis has been identified as a BAPEN focus initiative for 2006 and as an important area for improvement by BANS. Chairman, **Barry Jones**, outlined the preliminary results from the inpatient parenteral nutrition (PN) catheter sepsis study which involved the circulation of 400 questionnaires earlier this year. To date there have been 67 returns; a little disappointing but possibly because at present Line Sepsis is simply not audited by many UK Trusts. The preliminary analysis highlights several areas of concern such as obvious deficiencies in nursing expertise and 30% of respondents reporting no protocol for IV line care.

A need for standardised definitions

There appears to be no agreed definition for catheter related sepsis, no agreed way of detecting Line Sepsis and no agreed methods for measurement of sepsis. Dr Jones hoped that more questionnaires would be returned and said that there was an obvious need for further audits at a later stage. At present he hopes to provide a full analysis of the questionnaire and to add value to the results by looking at improvement in the definitions and methods of reporting Line Sepsis. By introducing electronic reporting at the end of the year, he hopes not only to reduce the overall costs associated with such audits but also to make feedback more available.

Many of the points raised by Dr Jones were echoed in presentations made during an interactive patient case study session where

Ian Fellows, from the Norfolk and **Norwich University Hospital** chaired a colourful (literally!) discussion of the pitfalls and problems likely to befall a 65 year old Crohn's disease patient with small bowel resection.

EPIC and RCN can be used as best practice guides

Annmarié Nunwa from the **Burdett Institute of Gastrointestinal Nursing** discussed the basic management of indwelling catheters and site care, highlighting two major issues: infection and catheter patency. Several guidelines exist, for example EPIC and RCN standards which can be used as best practice guides. However, they are not suitable for all patient groups and are complicated and lengthy to access. To reduce the risk of infection, aseptic techniques should be used during placement of catheters and management of all access sites, dressings should be chosen for each individual patient and the microbial atmosphere checked for appropriateness e.g. windows closed etc. Site dressings should be sterile, capable of preventing moisture accumulation, ideally allow visible inspection and be easy to apply, fix and remove; generally, transparent semi-permeable dressings are used in preference and are often compared according to their breathability i.e. moisture vapour transmission rate [see below]. However, fabric dressings are more suitable for use in sites where there are considerable exudates.

Moisture Vapour Transmission Rate (MVTR)

MVTR of a dressing is a measure of its permeability and determines how quickly it allows moisture to evaporate from the site. High MVTR dressings are thought to prevent accumulation of fluids and so provide a less favourable environment for pathogens, for example: IV3000 – MVTR 3000 g/m²/day, Tegaderm – MVTR 735 g/m²/day, Niko-gard – MVTR 500 g/m²/day

Campbell H, Carrington M. Br J Nurs. 2002; 8:21

To ensure good patency it is advisable to discourage aspirations prior to infusion, and to flush with saline (not heparin said Annmarie) between infusions using the turbulent 'push, pause', flush technique.

Tom Elliot from the **Queen Elizabeth Hospital** Birmingham, discussed the significant morbidity and mortality associated with line sepsis, covering both local and systemic infections and picking up on the need for a clear definition of line sepsis mentioned earlier by Barry Jones. He suggested that at present the US CDC definition of line sepsis was probably the best available.

CDC Definition – Line Sepsis

Localised Catheter Colonisation Significant growth of a microorganism (>15 CFU) from the catheter tip, subcutaneous segment of the catheter, or catheter hub

Exit Site Infection Erythema or induration within 2 cm of the catheter exit site, in the absence of concomitant bloodstream infection (BSI) and without concomitant purulence

Clinical Exit Site Infection (Or Tunnel Infection) tenderness, erythema, or site induration >2 cm from the catheter site along the subcutaneous tract of a tunnelled (e.g., Hickman or Broviac) catheter, in the absence of concomitant BSI

Pocket Infection Purulent fluid in the subcutaneous pocket of a totally implanted intravascular catheter that might or might not be associated with spontaneous rupture and drainage or necrosis of the overlying skin, in the absence of concomitant BSI

Infusate-Related BSI Concordant growth of the same organism from the infusate and blood cultures (preferably percutaneously drawn) with no other identifiable source of infection

Catheter-Related BSI Bacteraemia/Fungemia in a patient with an intravascular catheter with at least one positive blood culture obtained from a peripheral vein, clinical manifestations of infections (i.e., fever, chills, and/or hypotension), and no apparent source for the BSI except the catheter. One of the following should be present: a positive semi quantitative (>15 CFU/catheter segment) or quantitative (>10³ CFU/catheter segment catheter) culture whereby the same organism (species and antibiogram) is isolated from the catheter segment and peripheral blood; simultaneous quantitative blood cultures with a >5:1 ratio CVC versus peripheral; differential period of CVC culture versus peripheral blood culture positivity of >2 hours.

A key strategy for the prevention of local infections, he said, was to examine the access site regularly and to monitor the site closely – semi-permeable dressings were advantageous for this. In addition, he argued against the use of iodine, which often masks the evidence of local infection and thus delays any appropriate early treatment. A key strategy for effective diagnosis of systemic infections is to take enough blood for investigation (up to 30 ml).

What is the bacteraemia rate in your centre?

Line sepsis is a critically important issue and the number one cause of septicaemia resulting from bacteraemia. Bacteraemia rates of <1.0 to 13.0/1,000 catheter days (mean 5.3/1,000 catheter days) are considered to be acceptable, anything above and you are running into problems said Professor Elliot. Understanding the source of the infection can be important for developing strategies of prevention; the most common source of line sepsis is from the catheter hub, the skin insertion site or from impaction on insertion. This latter source was shown to be a major factor in a recent clinical study which indicated that 16% of catheter tips were contaminated with an infective micro-organism shortly after first insertion. As a result skin site preparation is a perhaps the most important preventative strategy. In addition, catheter manufacturers are looking at improving designs to reduce micro-organism adherence to catheter tips on insertion; this includes the investigation of new and smoother polymer surfaces as well as the investigation of antimicrobial impregnated surfaces.

Professor Elliot had advice and several tips which might help to reduce the risk of line sepsis which included:

- Using a 2% chlorhexidine preparation with alcohol for skin antiseptic;
- Always leaving the alcohol to dry on the skin, and
- Always flushing access devices both before and after use to avoid leaving any traces of protein which could then become a source of nutrition for any invading organism.

PEG's are infectious reservoirs

Contamination of nutritional feeding systems may constitute a risk during nutritional treatment. **Mariette Caplan** and colleagues from **Epsom General Hospital** in Surrey have undertaken a study to evaluate the bacterial contamination of percutaneous endoscopic gastrostomies (PEGs) in vivo. A total of 30 patients were included all of whom were suffering significant dysphagia or malnutrition. 93% of the feed samples collected after overnight feeding were contaminated, 6.7% of the sample taken before feeding were contaminated and 87% of the PEG wash samples collected were contaminated. Organisms identified included enterobacteriae, staphylococci, candida, pseudomonas, citrobacter, lactobacillus and acinetobacter. Since enterococci

and klebsiella constituted a large number of the organisms identified, PEGs are thought most likely to become infected at insertion or by hand contamination.

Endoluminal brushing – a catch all

Catheter occlusion can be a real problem in situations where long-term central venous access is a critical part of nutrition support for patients with intestinal failure. BPNG and PINNT have recently commissioned a multidisciplinary review of the problem of catheter occlusion in an effort to target further research in the area and during this year's meeting, **Patrick Ball**, from the **Charles Stewart University** in Australia, illustrated the common, yet random and diverse nature of this area. He has undertaken several studies which indicate that an organised blood clot and an established biofilm layer (a combination of fibrin, fibronectin and other plasma proteins) inside the catheter are consistent findings in patients with occlusions. These clots and biofibrin layers then provide a surface for microbes in which to become embedded and then to secrete a glycocalyx for adhesion and protection.

Strategies for the prevention of catheter occlusion include the use of thrombolytics for maintenance of patency and the regular measurement of the input pressure of the line since this may give an early warning of occlusion. In addition, endoluminal brushing is gaining acceptance for both prevention and management of catheter occlusion. These are piecemeal approaches to solving such an important problem, however, and there is a critical need for further studies and a pro-active approach concluded Dr Ball.

Nutritional guidelines and the challenges of children and adolescents

Many of the guidelines and trials in PN are undertaken in adults and developed with adults in mind yet a large and increasing number of children and adolescents are managed with PN and these patients can pose particular and unique challenges for the nutritional support team. The challenges and requirements of this diverse group of patients were covered in a plenary presentation by **Tracey Johnson** and **Elaine Holden** from the **Birmingham Children's Hospital**. The age range covered by the common definition of children is from premature infants to 18 year old adolescents and contrary to adults, all children need food for growth, and have a limited ability to withstand starvation. These factors alone mean that children have very different requirements to adults and that children cannot just be viewed as miniature adults. In addition, PN in children is often required secondary to a congenital bowel problem rather than an acquired condition and some children can be weaned from PN whilst others will require permanent PN.

There are no established guidelines for PN in children so it is up to the individual units to establish nutritional requirements

Since there are no established guidelines in children it is up to the individual units to establish nutritional requirements based on clinical

experience rather than clinical trials. Requirements should be based upon the age of the child, their nutritional status and their clinical status said Tracey. In practice she uses a mixture of published energy requirement data (WHO/Dept of Health) and EAR for calculating age predictive equations as starting points. Generally energy requirement data is more useful for children 0-3 years old and the calculation of age predictive equations is more useful for children >3 years old.

Faecal contamination is a common cause of line sepsis in infants

In discussing the potential complications facing PN in children, Elaine Holden covered infections, accidental damage and removal of the line and, liver disease. Line sepsis is much more common in young children, particularly those still in nappies where faecal contamination can be a frequent cause. In addition, young children often fiddle with the line and cause dislodgement or pick and bite at the line causing damage or dislodgement. All of these aspects require constant vigilance in young children particularly since bacterial infection in early life can predispose to cholestatic liver disease in later years. There may also be particular psychosocial problems for children and their families as they learn to live with home PN and the transition from paediatric to adult services can be difficult and present another set of problems.

Sepsis can affect weight gain in neonates

Sepsis can be a particular problem in children and infants, where, as investigators from the **Institute of Child Health** in London pointed out, diversion of energy from growth to tissue repair occurs. In a study of 102 surgical neonates, 46% had one or more episodes of sepsis of which 38% were blood culture positive. Results showed a progressive and significant decrease in SD score with number of episodes of sepsis; for each episode 0.14 weight SD score were lost.

Home PN and the psyche

The challenges faced by patients and their families who have to learn to face the prospect of long term PN are enormous. **Julian Stern**, consultant psychiatrist from **St Mark's Hospital**, London presented an interesting and important paper on the psychological aspects of PN and the emotional implications for patients who are being initiated onto long-term nutritional support. By presenting three very different case studies, Dr Stern highlighted many issues that can present obstacles; these can depend upon the patients' past personal and family history, relationship to his/her illness and the presence or relative absence of resentments and grievances which might colour his/her ability to tolerate the training and transition to HPN.

"Psychological support is not a luxury and can be a matter of life and death"

Food and eating represent very broad dimensions; in the young infant they encompass security, touch and other physical pleasures, as children grow many wars are waged over feeding and potty training with obvious emotional weight placed upon these issues. Into adulthood, ►

feeding and drinking become the focus of a great number of social dimensions from celebrations to commiserations and there are many links between food and sex. As a result, said Dr Stern, there are several different 'losses' involved when normal feeding is compromised such as, pleasure associated with social and nutritional interaction, independence etc. In addition, the patient may feel psychological loss due to stoma and as a result of loss of an organ and can also feel real intrusion from PN. Whilst some patients may cope better than others much of their ability will be related to who can provide external support for them and how good their own internal support mechanisms, such as self-strength and resilience, are. As a general rule, said Dr Stern, if internal support is absent, the external support may be sabotaged. Going home can represent a difficult time of transition also – hospital life presents a skewed picture where there is almost total external support. In many cases, patients may be threatened and frightened about returning home and in extreme circumstances, some will resort to self-harm in order to be returned into the hospital setting.

Check list for individuals who may be less able to cope with the psychological aspects of long-term parenteral nutrition:

- Those who have a hatred of their illness
- Those who believe their illness is unjust
- Those who have court proceedings pending
- Those who had no chance for psychological preparation prior to surgery
- Those with a past history of self-harm
- Those with a functional bowel disorder eventually leading to stoma
- Those with an overt psychological disorder
- ? Men – there is a possibility that women are more able to cope

BAPEN Medical, glutamine and antioxidants

BAPEN Medical, described as the 'home for medical members of BAPEN' is now a year old. This entirely e-based organisation, chaired by **Jeremy Powell-Tuck**, and designed as an open group with a medical slant, now has a membership of 65. It held its first meeting in September 2005 where the subject of 'insulin resistance; obesity, critical care, the liver and surgery', allowed a fusion of science with clinical practice. The meeting attracted a broad spectrum of interest with insulin resistance providing the bond between different speciality areas. Next year the group hopes to form links with those involved in surgery, intensive care and cancer and see the development of such links as an important part of enriching the activities of BAPEN. At this conference, BAPEN Medical ran a symposium entitled 'Glutamine and Antioxidants' designed to discuss the potential to modulate the activity of the immune system by interventions with specific nutrients. Such so-called, immunonutrition

has become widely investigated in attempts to improve the clinical course of critically ill patients and surgical patients.

The balance between free-radicals and antioxidants is upset in critical illness

The biochemical basis for the use of antioxidant therapy in critical illness was covered by **Simon Eaton** from the **Institute of Child Health** in London who explained how in critical illness the delicate balance between free-radicals and antioxidants may be disturbed. Reactive oxygen species are the precursors of free radicals and are produced in abnormally high concentrations in the critical care setting, most likely as a result of high drug use and TPN. New developments designed to treat this imbalance in critical illness have looked at treatment with antioxidants which effectively 'mop-up' free radicals. Superoxide dismutase is a naturally occurring antioxidant and many superoxide dismutase mimetics have become available recently. These antioxidants produce hydrogen peroxide once free-radical scavenging has taken place and this then has to be treated with glutathione peroxide mimetics such as ebselen. Other antioxidants include fat soluble varieties such as vitamin E, co-enzyme Q, carotenoids and water soluble antioxidants such as vitamin C and glutathione.

Trace elements and amino acids are also particularly important and play a synergistic role in the maintenance of the body's antioxidant defence network. Selenium for example is known to have a direct effect on glutathione peroxidase activity and albumin, which is drastically reduced in critical illness, has been shown to have much greater antioxidant activity in plasma than either vitamin E or vitamin C.

In summary, said Dr Eaton the biochemical networks involved in the production of free radicals and their control by naturally occurring antioxidants is complicated and, apparently, simple interventions can have numerous effects. Currently the data regarding use of antioxidant therapy is limited and many more studies are needed to disentangle this emerging approach in critical illness.

Glutamine plasma levels fall in catabolic illness yet this amino acid has many important functions:

- acts as a carrier for inter-organ nitrogen,
- a preferred fuel for enterocytes, hepatocytes, lymphocytes and macrophages,
- a nitrogen donor for nucleotides and amino sugars,
- a substrate for renal ammonia genesis,
- a precursor of glutathione, taurine and arginine.

Alison Avenell from the Health Service Research Unit at the **University of Aberdeen** presented updated meta-analyses of randomised controlled clinical trials of parenteral and enteral glutamine in critical illness (including burns) and for surgical patients. Her data covered 15 trials in critical

illness and 11 trials in surgical patients where the outcomes were mortality, length of stay and infectious complications.

Results from meta-analysis indicate benefit in surgical patients

Overall results for all trials in both patients groups showed glutamine to have a non significant trend suggestive of benefit on mortality, and length of stay and a statistically significant effect on infectious complications. This latter result was largely the effect of glutamine supplementation in surgical patients where the trials showed most evidence of benefit. Adverse events analyses from all studies showed no suggestion of harm from glutamine supplementation. Whilst these results are highly suggestive of benefit said Dr Avenell, meta-analyses have many limitations, including publication bias. In this particular analysis, a statistical funnel plot designed to test publication bias did show a significant likelihood of this kind of bias. This analysis was also limited by the quality and quantity of randomised clinical trials and the heterogeneity of the data used. Alison now plans to undertake a major randomised, double-blind, controlled study in 500 adults requiring TPN in the ICU.

Let us change the paradigm of how we interpret nutrition research

Daren Heyland from **Kingston, Ontario**, proposed that our whole paradigm for assessing the results of nutritional research is wrong and perhaps this is why the results from clinical trials and meta-analyses currently show little significant effect from immunonutrition. Dr Heyland outlined how, to date, all nutritional supplements have been studied in very heterogeneous patient groups and as part of a cocktail of supplements – perhaps he said, we should undertake more rigorous studies with these supplements, more akin to pharmaceuticals, where trials focus on a single nutrient in a homogenous group of patients. The clinical trial results that are currently available do support this approach; a systematic review undertaken by Dr Heyland and colleagues has shown that the studies which utilised a single trace element were associated with a significant reduction in mortality [RR: 0.52, 95% CI: 0.34 – 0.92] whereas studies with combined antioxidants showed no statistically significant effect. Selenium supplements alone and in combination with other antioxidants may be associated with a reduction in mortality whereas non-selenium antioxidants had no effect.

With these results in mind, Dr Heyland is now planning for a large, placebo-controlled trial designed to investigate the effects of glutamine supplementation alone, antioxidants alone and glutamine + antioxidants. Prior to the start of this study however, he has undertaken a Phase I, dose-ranging study with glutamine which suggests that its effects are dose related; i.e., the higher the dose the greater the effect and importantly, that there are no dose-related adverse events associated with supplemental glutamine. This can now act as a guide for the dosages used in the larger randomised trial he plans to undertake.

NHS PASA Enteral Feeds Working Party

Enteral feeds Involving everyone, including patients

There are many developments happening in the enteral feed market. PASA is working closely with patients and clinicians to ensure that patients' needs continue to be met, and clinical standards maintained.

NHS PASA (Purchasing and Supplies Agency) aims to work as a facilitator, working with all stakeholders to examine the impact of the changing environment on the whole health economy.

The National Enteral Feed Group was re-established in 2005 and several new members were invited onto the group to ensure as wide a stakeholder consultation as possible. A key new member is Carolyn Wheatley. Carolyn is Chair of the patient report group Patients on Intravenous or Nasogastric Therapy (PINNT).

The National Group now consists of:

- Experienced dietitians from the acute and community areas, covering adult and paediatric remits
- Prescribing specialists
- Procurement specialists
- Nutrition nurses
- Patient group representatives
- Industry representatives.



From left to right:

Vera Todorovic, Alexa Scott, John Fuller, Helen Reilly, Karen Guth, Pat Howard, Kathleen Dennis, Lesley Taylor, Malcolm Tell.



Carolyn Wheatley

The Agency facilitates and chairs the group

In order to continue to understand the market in depth and be able to provide input into developments, the Agency has become a member of the British Association Parenteral and Enteral Nutrition (BAPEN) and is seeking to become an established member on the Advisory Committee for Borderline Substance (ACBS) managed by NICE and the Department of Health.

Developing Guidance

Working with Carolyn the national group has established some guidance notes for patients who are invited to become part of their local adjudication team when enteral feeding contracts are being planned.

This will appear on the PINNT website: www.pinnt.co.uk

Current work of the Group

The procurement guide for those involved in purchasing enteral feeds has had a major revision and is available on the website at www.pasa.nhs.uk/pharma/specialised/enteral_feeds.stm

It provides procurement guidance for the provision of nutrition supply services, including feeds, pumps, consumables and a home delivery service.

For further information, please contact:

Lesley Taylor

E: lesley.taylor@pasa.nhs.uk

This article was first published in **NHS Purchasing and Supply News Issue 22 October 2005.**



European Nutrition Day 19th January 2006

A big thank you to everyone that participated! The Nutrition Day appears to have been very successful in that we think we have recruited approximately 15000 patients from 31 countries. The UK we were fifth from the top in the number of Units and patients that were recruited. Analysis is underway and we will keep you informed of progress.

Pat Howard UK Co ordinator European Nutrition Day



Advancing Clinical Nutrition

2006 Annual Conference

of

The British Association for Parenteral
and Enteral Nutrition

to be held at

Hilton Brighton Metropole

on

1st - 2nd November 2006



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 should be submitted online according to the published guidelines, available on the BAPEN website.

www.bapen.org.uk

Trent BAPEN Annual Meeting

Issues Surrounding Nutritional Support and its Management

Nottingham Gateway Hotel (M1 J26)

Tuesday 28th March – Wednesday 29th March 2006

For further details contact Melanie Baker:

Email: melanie.baker@uhl-tr.nhs.uk

Visit www.bapen.org.uk for an application form

Distal Feeding: Gut is best!

Reebok Stadium, Bolton, Greater Manchester

28th February 2006

For further details contact Sister Amanda Smith:

Tel: 0161 206 4204 Fax: 0161 206 1386

Email: stomacare@shrt.nhs.uk

BAPEN Course for Nutrition Teams

Next Course at Wychwood

15th-17th May 2006

For further details contact Ruth Newton:

Email: ruth.newton@uhns.nhs.uk

2nd St Marks Intestinal Failure Workshop

Wednesday 10th May 2006

For further details contact Dr Simon Gabe

Email: s.gabe@imperial.co.uk

BAPEN Official Contact Details

Prof Marinos Elia — BAPEN Chairman
Tel: 023 8 8079 4277 Fax: as telephone
Email: elia@soton.ac.uk

Mrs Christine Russell — Hon Treasurer
Tel: 01327 830012 Fax: 01327 831 055
Email: ca.russell@btopenworld.com

Dr Penny Neild — Hon Secretary
Tel: 0208 725 3429 Fax: 02087 253 520
Email: penny.neild@stgeorges.nhs.uk

Ms Vera Todorovic — (PEN Group)
Chairman: Communications and Liaison Committee
Tel: 01909 502773 Fax: 01909 502809
Email: vera.todorovic@dbh.nhs.uk

Mrs Justine Bayes — (PINNT)
Chairman: LITRE
Tel: 01933 316 399
Email: justine@bayes3721.fsnet.co.uk

Prof Agostino Pierro — Chairman: Research
and Science Committee
Tel: 0207 905 2175 Fax: 020 7 404 6181
Email: 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

Dr Barry Jones — Chairman: BANS
Tel: 01384 244 074 Fax: 01384 244 262
Email: bj.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

Niall Bowen — Tel: 01225 711571
Email: nbowen@nutricia.co.uk

Regional Representatives

Scotland

Carol-Anne McAtear — Nutrition Support Dietitian
Tel: 0141 201 5572 Fax: 0141 201 5037
Email: 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

Wales

Dr Campbell Edmondson — Consultant Anaesthetist
Tel: 01978 725955 Fax: 01978 725932
Email: 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

Northern & Yorkshire

Emily Weinel — Nutrition Nurse Specialist
Tel: 0191 454 8888 bleep 791 Fax: 0191 202 4145
Email: emily.weinel@sthct.nhs.uk

Trent

Dr Jeremy Nightingale
— Consultant Gastroenterologist
Tel: 0116 2586324 Fax: 0116 2586985
Email: jnight@globalnet.co.uk

West Midlands

Alison Fairhurst (joint rep)
— Nutrition Support Dietitian
Tel: 01384 244017 Fax: 01384 244017
Email: alison.fairhurst@dgoh.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

Eastern — West

Jean Dart (Chief Dietitian)
Marion O'Connor (Senior Dietitian)
Tel: 01865 221702/3 Fax: 01865 741408
Email: janeane.dart@orh.nhs.uk
Email: 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

North Thames

Dr Simon Gabe — Consultant Gastroenterologist
Tel: 0208 235 4177 Fax: 0208 235 4001
Email: 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

South West (West)

Dr John Lowes — Consultant Gastroenterologist
Tel: 01803 654865 Fax: 01803 654896
Email: 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

South East

Dr Paul Kitchen — Consultant Gastroenterologist
Tel: 01634 830 000 Fax: 01634 833 922
Email: paul.kitchen@medway.nhs.uk

Industry Liaison

Carole Glencorse — Nutritional Services Manager
Tel: 01628 644163 Fax: 01628 644510
Email: carole.glencorse@abbott.com