



BAPEN Conference Review 2008



PLUS: Diary Dates, What's in the Media and What's New...

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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 nutrition 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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Welcome...



This special conference issue of In Touch is packed full of highlights from this year's Annual BAPEN Conference – a highly successful event with 660 delegates attending.

Not only was the Conference a great opportunity for likeminded individuals to share knowledge and practice through great presentations and events, but it was also a time to recognise the huge achievements that BAPEN, as an Association, has made throughout the year, and the work of key individuals.

Tim Bowling, Honorary Secretary, pays tribute, on behalf of the BAPEN membership, to Marinos Elia and Christine Russell. Both Marinos as BAPEN Chairman, and Christine as BAPEN Treasurer, are standing down from their roles on the BAPEN Committee – their work and commitment in these roles has been invaluable. Marinos' successor will be Dr Mike Stroud and Christine's Dr Simon Gabe, and Andrea Cartwright and Rebecca White will also join the Executive Committee – we would like to welcome and wish them the best of luck in their roles.

Tim also discusses the Roll of Honor – a new award

to recognise the hard work and commitment of individuals that have made an immense contribution over the last year to BAPEN.

Along with a comprehensive review of the Conference, you will also find diary dates, and in the What's New section, Caroline Lecko, Nutrition Lead from the National Patient Safety Agency, discusses the latest four factsheets as part of 10 Key Characteristics of Good Nutritional Care.

We hope you enjoy this issue of In Touch and would like to take this opportunity to wish you the best for the festive season.

With best wishes,
The Editorial Team

P.S. Don't forget, if you have any comments, or would like to contribute to In Touch or e.touch, please email: Vera.Todorovic@dbh.nhs.uk

The Chairman and Treasurer Stand Down

TIM BOWLING,
HONORARY SECRETARY



For those of you who were in Harrogate it will not have escaped your attention that Professor Marinos Elia and Mrs Christine Russell are standing down from their roles as Chairman and Treasurer of BAPEN respectively. There was a lot of effusive praise and gifts flying around at the conference, which I can assure you, were very well deserved.

BAPEN is in a stronger position now than it has ever been in, in terms of activities, membership, finances and influence (at the highest political levels). Of course this cannot be put down exclusively to Marinos and Christine, as this Association has many

involved individuals. However, they have been steering the ship for the last three years, and so much of BAPEN's current good fortune can be put down to their leadership.

Perhaps the biggest lesson I have learnt since joining the Executive as Secretary a year ago is that unless you are on the Executive you will have no idea what goes on behind the scenes, and how much time and effort is required to keep everything ticking over and moving forwards. Even Council members will only have a rudimentary idea. Marinos and Christine have worked immensely hard, often at the expense of other professional and personal activities.

The membership will be fully aware of the award of the prestigious MNI ESPEN prize to BAPEN on the back of the many initiatives undertaken over the last few years, which include BANS activities, 'MUST', Nutrition Screening Week, various national/DoH/NHS working groups, etc. Marinos described these in detail at the conference. What he humbly did not say is that much of this activity would not have been achieved without his heavy input and very significant internationally-recognised expertise in nutritional epidemiology.

BAPEN's finances were looking somewhat tenuous a few years ago. Under Christine's stewardship, not only has that been reversed, but the finances are now positively healthy. I am not saying we are rolling in cash, but we now have a comfortable financial safety net and are accumulating resource on top of this, such that we can now start thinking how we might want to spend some money. Having witnessed at first hand Christine's eye to detail and her very firm control of all matters financial, I do not think anyone will disagree that this has played a very significant role in reversing our fortunes.

It is a tremendous relief to all of us left behind on the Executive that both of them have agreed to

remain on Council for the time being to make sure we behave. The Malnutrition Advisory Group, disbanded a year ago, is to be resurrected and chaired by Marinos, and this will accommodate the various initiatives involving hospital and community-related malnutrition, including 'MUST' and 'MUST' training. The Nutrition Steering Week programme is unfinished, with further investigation to be undertaken, which Christine will oversee. We have also tasked Marinos to find an heir apparent as BAPEN's expert in nutritional epidemiology. Politically, this is currently the most important aspect of BAPEN's activities, and because it is an area that most of us have little expertise in, I think BAPEN could be

compromised if we lose an authoritative voice in these matters. This particular hat needs to be handed on over the next few years. As for Christine, she will have to make sure her successor understands money and VAT, and in that regard has a particularly challenging task ahead of her! Marinos, Christine – the new Executive have a hard act to follow. I know that you wish Mike Stroud all good fortune as the new Chairman, and collectively we will ensure that we build on your legacy. I would like to thank you for your help and support to me personally and also, on behalf of the Association, for everything you have done and will continue to do.

BAPEN salutes you.

Roll of Honour

TIM BOWLING,
HONORARY SECRETARY

BAPEN has two awards. The John Lennard Jones Medal is BAPEN's highest award and the gift of the Faculty for individuals who have significantly contributed to BAPEN over a long period of time. Often, but not always, it is awarded to an individual on retirement or departure from BAPEN activities. It is preserved, therefore, for the truly deserving and not necessarily awarded every year. BAPEN, however, has many individuals who contribute greatly to its activities on a day-to-day basis. They may not be eligible for the JLJ Medal,

but should be recognised and rewarded for their efforts. Therefore, this year Council decided to start a Roll of Honour, designed for those who have given 'over and above' for BAPEN in any given year. This is not an award that will confine itself to Council and committee members, and it is very much open to anyone. A Regional Rep who runs a good meeting would be a good example of who we would like to aim the award at.

The decision to start up the Roll of Honour was only made in September. We therefore did not

have the opportunity to call for nominations around the general membership. This year's recipients are those who have significantly contributed to BAPEN activities over the last few years, and they are listed below. From 2009 onwards, it will be very much aimed at contributors to BAPEN in each given year. I will therefore put out a call to the entire membership for nominations in June/July, for Council to consider in advance of the conference in the Autumn.



Barry Jones, Marinos Elia, Christine Russell and Jeremy Powell-Tuck (Ann Micklewright was not present)

Winners of the 2008 Roll of Honour were:

Dr Barry Jones - For his very considerable input as Chair of BANS over several years and its increasing success and profile.

Mrs Ann Micklewright - In recognition of her considerable services to BAPEN over many years, including Honorary Secretary in the early days and a long-time stalwart for BANS and its predecessor, the HETF (home enteral tube feeding) register. Although retired from clinical practice, she remains involved in the development of e-BANS.

Prof Jeremy Powell-Tuck - For being the instigator and founder of both BAPEN Medical and the UKHPN group, and his many other contributions to BAPEN over many years

Mrs Christine Russell - Hon. Treasurer for BAPEN 2005-8. See my other article in In Touch

MALNUTRITION MATTERS!

HIGHLIGHTS FROM BAPEN'S 2008 ANNUAL CONFERENCE

Alison Shepherd R Nutr MSc BSc (Hons) RGN
with additional reporting & editing by Rhonda Smith



Harrogate International Centre

4th/5th November 2008

BAPEN's Annual Conference was a celebration of the work pioneered by BAPEN, along with many other organisations and teams throughout the UK, to raise awareness of and lead the fight against malnutrition.

660 delegates attended, including dietetic, medical, nursing, pharmacy, health and care professionals from across the hospital, care and community settings; all enjoying two days packed full of science, information, practical advice and engagement through case studies, workshops, and social networking.

"A complex topic explained so well... Very clear presentation... Really practical and interesting... Excellent conference – well done!... Brilliant last session..." These are phrases repeated throughout delegate feedback from this year's conference.

Thirty-three companies and organisations were represented in the Exhibition and Resource & Information Centre, providing additional opportunities to access knowledge, a facility valued highly by delegates.



Marinos welcomes delegates

Following a formal welcome from the Mayor of Harrogate, Chairman of BAPEN, Professor Marinos Elia introduced delegates firstly to the Conference programme and then to BAPEN's achievements and activities over the last 12 very busy months!

Professor Elia highlighted some key BAPEN 2008 initiatives, of which, our retiring Chairman is justly proud, thanking and praising the efforts of a large number of colleagues for their enthusiasm and commitment. Such effort had resulted in a hugely successful year, culminating in BAPEN winning the first ever Medical Nutrition International Industry Award of €30,000 for the most effective national campaign 'Malnutrition Matters' to raise awareness of and to fight malnutrition. The prize for BAPEN's winning campaign and poster was presented at ESPEN in Florence in September earlier this year.

Education, evidence, expertise

Development of BAPEN education modules is progressing well, including an e-learning package on 'MUST' produced in partnership with Greater Glasgow and Clyde NHS Trust, which was demonstrated at Conference and modules for Foundation doctors in preparation by BAPEN Medical.

The second Nutrition Screening Week (NSW08), collecting data on prevalence of malnutrition on admission to hospital and care homes, took place in July 2008, following the hugely successful first NSW in 2007. New questions were asked on calibration of scales, and nutritional information included on discharge, and the full report is expected to be published by BAPEN in February 2009. Two further NSWs will take place over the next two to three years in winter and spring to allow seasonal comparisons across the data sets. BAPEN thanked, once again, its collaborators, the British Dietetic Association (BDA), Royal College of Nursing (RCN), National Patient Safety Agency (NPSA) and its supporters the Department of Health in England, The Welsh Assembly, The Scottish Government, and Chief Nursing Officer of Northern Ireland.

GNASH – sheltered housing targeted

BAPEN is leading GNASH (Group on Nutrition and Sheltered Housing) to address malnutrition in sheltered housing; home to around 750,000 mainly older people. GNASH has led a study to evaluate the use of a questionnaire compared to 'MUST' and provided training on 'MUST' for Scheme Managers to enable them to identify those tenants at risk, as well as to raise awareness.

Mapped to the Supporting People agenda, this is a pilot project led by BAPEN in partnership with the Essential Role of Sheltered Housing (EROSH), National Association of Care Caterers (NACC), City of Westminster, Accent Group, Harrogate Neighbours, Richmond Housing Partnership and with support from Nutricia. A Good Practice Guide on Malnutrition for sheltered housing is currently being compiled for publication in early 2009, with a series of seminars also planned for next year.

Patients, carers and population groups

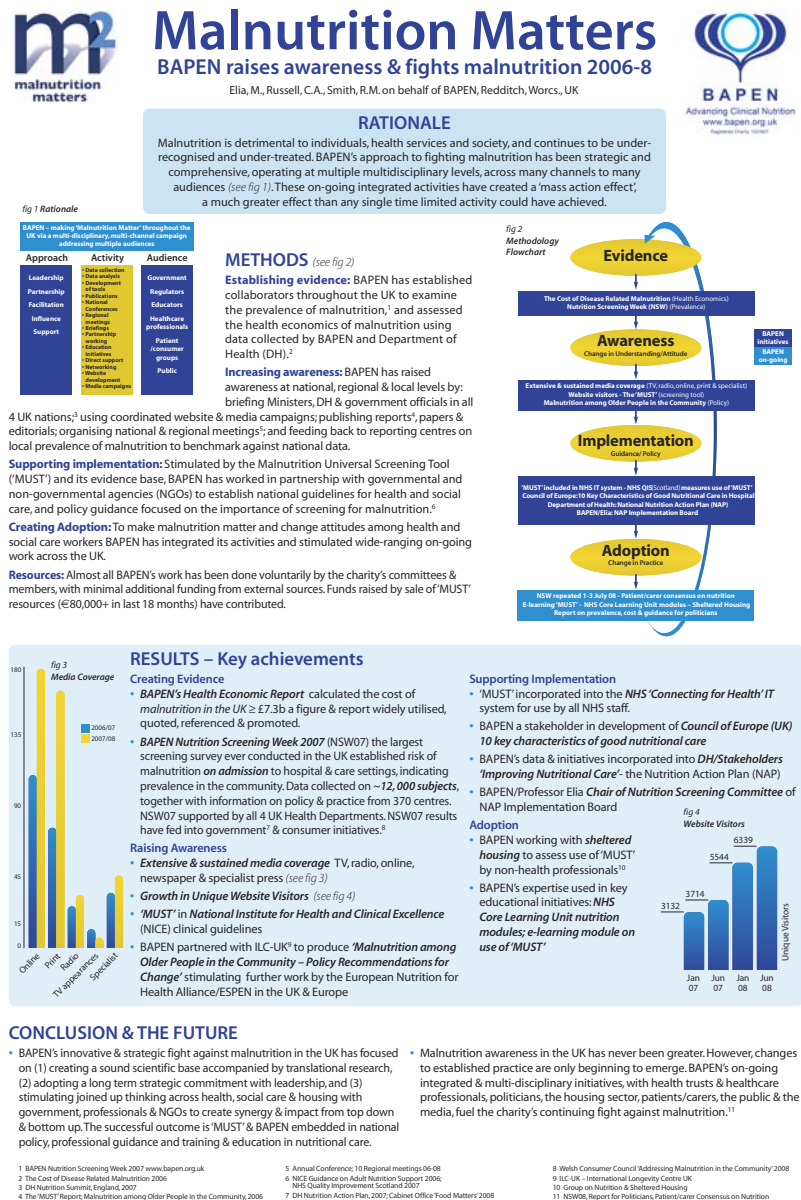
What do patients, their carers and families and potentially vulnerable population groups experience in terms of nutritional care and treatment? What are their perspectives? What recommendations would they make to ensure improvement?

A Report from a Round Table meeting, convened by BAPEN in July 2008 with 18 participating organisations representing adults and children, will contain consensus recommendations for Government, policy-makers and professionals. Organisations as diverse as Scope, Age Concern England, and the Cystic Fibrosis Trust contributed to the meeting, and the Report, which will be published in the next few months and launched in the House of Commons.

Parliamentarians also targeted

BAPEN has also led this year an Advisory Group on Malnutrition, supported by the Medical Nutrition Executive of the Infant and Dietetic Foods Association (IDFA), with the aim of producing a

Figure 1: BAPEN 'Malnutrition Matters' winning campaign poster



report to provide information and recommendations for DH and parliamentarians.

Including an update of the BAPEN health economic assessment of the cost of malnutrition, this Report is also expected to be published before Spring 2009.

Finally, Professor Elia invited Dr Barry Jones, Chairman of BANS (British Artificial Nutrition Survey), the national database of patients receiving artificial nutritional support in the UK, to provide an update on progress in Dr Jones last year as Chairman.

BANS – the essential survey

Dr Jones informed the audience of the huge challenge facing BANS with regard to obtaining consent from individuals for registration on BANS, and the hurdles that had to be overcome for the

purposes of data protection. An interim agreement is in place but work will continue on finding a permanent solution, part of which is raising awareness and understanding among patients, carers and families, as well as charities representing them, of the importance of continuing to give consent to collect data that will help improve services.

However, Dr Jones was pleased to report that, despite this challenging backdrop, BANS has retained around 400 reporters throughout the UK who are now able to submit data on-line. He encouraged both established and new reporters to continue to collect these vital data, so important for establishing benchmark information, trends and for workforce and resource planning.

The latest BANS report is now freely available to download from the BAPEN website, as are previous year reports.

The data collected by BANS over the years provided a robust evidence base for the building of the recently released DH Strategic Framework on Intestinal Failure and delivery of HPN (Home Parenteral Nutrition). Some members of the UKHPN network, a specialist group within BAPEN, are also members of HIFNET (Home Intestinal Failure Network) and worked with the DH on the production of this landmark document.

National Nutrition Plan – Action!

BAPEN continues to deliver against the actions gathered together under the umbrella of the Nutrition Action Plan (NAP) which has provided an impetus for nutrition policy and practice. Professor Elia is part of the Delivery Board and also Chairs the Nutritional Screening committee. One of the key achievements of the NAP, according to Professor Elia, is that the diverse agencies that can influence nutrition policy and practice have devoted time and intellectual effort to working together.

The interim report of the Board was published and made available on-line to coincide with the first day of the BAPEN Conference (link available from the BAPEN website). Originally set up to function for just one year, there is a possibility that the Delivery Board's work may continue. A Department of Health decision is awaited on this.

Standards and Regulations: Nutrition one of 18 new registration requirements



Virginia Storey, Head of Quality and Health Policy CSCI

All Health and Social Care Services are regulated by the Care Standards Act. This Act is to be updated in 2010. Under the new regulations, the DH has proposed that nutrition is to be one of the 18 registration requirements in this new act.

Virginia Storey, Head of Quality and Health Policy CSCI, in her plenary session stated that nutrition is a fundamental aspect of clinical care and that the new standards are there to ensure patient safety and quality of service.

She acknowledged that standards are different in hospitals as opposed to care homes and, to this end, the registration categories were to be based around activities rather than the actual setting. Meeting minimum standards, although good

enough for registration, was not satisfactory going forward and all NHS and care organisations will need to provide evidence that they are seeking to improve their services within all 18 areas.

Questions will be asked of providers of health and social care services in different geographical areas as to why they are failing to achieve minimum standards. This will apply to all registration areas within the new act, including nutrition.

A panel discussion post this opening session raised the important question of finance and resources to ensure nutrition care and treatment was embedded into policy and practice. Panel member, John Lawlor, Chief Executive of Harrogate and District NHS Foundation Trust, insisted that it was vital, in his opinion, to 'get the basics right' regarding nutritional standards. He suggested that if these were not in place, this could impact upon the rest of the hospital and impact on patient safety.

Pre-operative Oral Carbohydrate Loading

BAPEN Nutricia Research Fellowship Award 2008

Designed to encourage research into the area of adult and paediatric clinical nutrition and contribute to the evidence base with an award of £15,000, the winning project this year is based at Leeds. Mr Nick Wood, Mr Sean Duffy, Mr David Nugent, Dr Nic Orsi and Deniz Al-Hirmizy of Leeds Teaching Hospital NHS Trust, will be gathering evidence as to whether an oral carbohydrate rich drink taken preoperatively enhances recovery and shortens postoperative stay in gynaecological oncology patients.

Twenty-two submissions were received and judged by members of the BAPEN Research and Science Committee as well as representatives from Nutricia. In addition to the winning entry, two runner-up prizes were also awarded to Dr John Leeds, Gastroenterology & Liver Unit, Royal Hallamshire Hospital, Sheffield, and Rachael Barlow, Cardiff and Vale NHS Trust, Wales, who received a paid place at the BAPEN Conference 2008.

Back to Basics on Coeliac Disease

The Joint BAPEN and British Society of Gastroenterology symposium on coeliac disease (CD) went back to basics but also considered complications.

Speakers from Northern Ireland, Sheffield, Manchester and Leeds and the charity Coeliac UK, provided a full auditorium with a total teach-in on this autoimmune multi-system disorder, usually presenting in adulthood and affecting at least 1% of the population.

Coeliac patients often initially present with the symptoms of malabsorption, but this may be mild, non specific or absent. Few Coeliac patients are underweight with a larger minority being obese. These individuals are less likely to

present with classic features of diarrhoea and reduced haemoglobin. The efficacy of gluten-free diets, refractory CD and therapeutic options were discussed.

The debate proposition that 'Dietitians are better than clinicians at treating coeliac disease' concluded with delegates deciding, along with the panel and speakers, that a team approach is the best way to manage this disease.

The Symposium concluded with Norma McGough of Coeliac UK, the leading charity working for people with coeliac disease and dermatitis herpetiformis (DH), informing delegates about its research, policy and professional support work, including offering training for dietitians.

The Cuthbertson Medal Lecture: Role of Gut Hormones

Presented by the winner Carel Le Roux, from the Metabolic Medical Unit at London's Hammersmith Hospital, in association with Imperial College London, Dr Le Roux covered the role of gut hormones in under and over nutrition and posed the question: 'What can we learn from bariatric surgery?'

Bariatric surgery is one of the most effective treatments for achieving long-term, weight loss in morbidly obese individuals. It has been shown to cause weight loss through substantial decline of hunger and increased satiety. It is thought the underlying mechanism associated with this phenomenon is due to the effect that bariatric surgery can have on different gut hormone levels and how, in turn, these hormones can alter the complex neuro-endocrine regulation of energy homeostasis.

Dr Le Roux and his team have been investigating the concept of whether these and other gut hormones may offer an effective treatment for obesity in future years.



Professor Ian Macdonald (President of the Nutrition Society) presents Carel Le Roux with the Cuthbertson Medal

Nutrition at End of Life - Feeding the dying patient

Karen Harrison, third from left, Consultant Admiral Nurse with Barnet, Enfield and Haringey MH NHS Trust, chaired this ethically and emotionally charged symposium which included presentations by (from left) Jean Tottie, carer of her father who had dementia and died earlier this year, Lucy Eldridge and Maura Cochrane from St Joseph's Hospice and original communications from Dr Christine Baldwin and Brijesh Madhok. There was standing room only for this Symposium organised by Ailsa Brotherton of BAPEN's Programmes Committee (far right).



Don't Take a Chance on Nutritional Support – Screen every time!



The *'MUST'* happen or risk the consequences' symposium placed the need to deliver appropriate nutritional care and treatment for all patients, residents and tenants squarely in the landscape of patient safety. Ignore it at your professional and your patient's peril. Sue Ullmann, Chair of the National Association of Care Catering, spoke from her unique perspective as CEO of a sheltered housing organisation, Julie Regan focused on dysphagia, whilst Caroline Lecko of the National Patient Safety Agency spelt out the risks for patients from food, diet and tube feeding errors.

Education, Education, Education – and training!

Competencies, training the trainer methods and the need for enhanced nutrition knowledge by doctors across all disciplines in general, and in specific areas to ensure patient safety, were discussed in the **Competent to Care** symposium.

Winnie Magambo, BAPEN's regional representative in Wales, covered the use of nasal bridges; Dr Fiona Leslie asked whether all doctors are competent in nutrition; Fiona Scott presented on the Norfolk and Norwich method of teaching on the *'MUST'*, with original communications on gastrostomy tubes and positioning of nasogastric tubes completing the session.

Does nutritional care get 'Lost in Transit' between primary and secondary care?



Organised by Andrea Cartwright, Senior Nutrition Nurse Specialist from Basildon, and Kate Pickering, Nutrition Nurse Specialist from Leicester, this excellent symposium explored the transition of nutritional care across the primary/secondary care interface, through the narration of two parallel patient journeys. Four speakers from different disciplines and care settings explored the key milestones in the patient journey.

The experiences of two 78 year old women, both with a history of arthritis, living alone and who both developed cancer of the oesophagus were examined - the only difference being that they were treated by two different PCT and NHS Trusts. The roles of the community nurse with Telecare and of the GP in nutritional screening were discussed, followed by a focus on resources, training, responsibilities, and optimal nutrition prior to surgery and potential complications in enteral tube feeding.

Speakers agreed that the importance of continuity of care and of communication when patients 'transit' from primary to secondary care, or *vice versa*, could not be emphasised enough.

The theme of transition was followed through to Symposium 6 – **Young people, artificial nutrition and nutritional care** - on day two of the conference, with a particular focus on the younger patient experience, predominantly the transition from childhood into adolescence and adulthood.

Chaired by Dr Mike Stroud, Chair of BAPEN's Programmes Committee and Chairman Elect of BAPEN, this symposium covered growth and puberty in children with chronic disease, intestinal failure in children, cystic fibrosis in the young adult and home parenteral nutrition and the particular challenges facing adolescents.



Chaired and organised by Tony Murphy (far left), the Hot Topics in Parenteral Nutrition symposium, supported by an unrestricted educational grant from Baxter's Nutrition Academy, covered (from left) glutamine supplementation for bone marrow transplant and cancer patients with Dr Mark Crowther from Aberdeen; current evidence on use of glutamine in critically ill and surgical patients with Dr Alison Avenell from Aberdeen; and a review of evidence on use of new lipid emulsions by Professor Philip Calder of Southampton.

Feeding Size 0 – An in-depth focus

The Nutrition Society twin symposia on the challenges of malnutrition and anorexia nervosa, addressing the issues of 'Feeding Size 0' generated a great deal of interest and a wide scope of content.

The first Symposium on the Science of Starvation, chaired by Professor Gary Frost from Imperial College, London, covered lessons from the developing world, fluid resuscitation, integrated management of malnutrition in the African community and the refeeding syndrome.

Professor Alan Jackson, Director of Human Nutrition, University of Southampton, suggested that although obesity is indeed a very serious issue, in his opinion the UK seemed to be concentrating too much on how to tackle this nutrition-related issue to the detriment of malnutrition (underweight). In the developing world malnutrition is of epidemic proportions contributing to approximately 60% of all child deaths, yet health professionals, policy makers, and donor agencies often fail to recognise its relevance to child survival. He suggested that these children were more than likely to suffer 'stunted growth' which can predispose the development of obesity in later life.

Professor Jackson firmly believes that many of these child deaths are avoidable and that there is a need for the paediatric community to champion the importance of adequate nutrition for normal growth and development, and of placing sufficient emphasis on the prevention and treatment of malnutrition.

Stating that the management of malnutrition is a multidisciplinary responsibility, Professor Jackson also believes passionately that clinicians need to be competent and knowledgeable in the fundamental basics of nutrition with the prime focus of care being that of patient safety.

The second speaker, Dr Kathryn Maitland, spoke of her work in Kilifi in Kenya, where children admitted to her hospital frequently had life threatening complications associated with malnutrition. Dr Maitland believes that although the WHO guidelines (1999) do give clinicians some indication as to the management of these serious issues, in her opinion the treatment options within these guidelines are often very inadequate.

Nicky Dent, Regional Nutrition Advisor for Concern Worldwide in the Horn of Africa, proposed that with the introduction of new ready-to-use therapeutic foods (RUTFs) it is now possible to manage malnutrition in a community based setting. She firmly believes that managing uncomplicated cases of malnutrition in an outpatient setting facilitates access, reduces opportunity costs and risks of nosocomial infection.

The 'refeeding syndrome' is a potentially



The Poster Reception at the close of the first day of the conference was a great success with delegates requesting a repeat for subsequent years. With thanks to Baxter's Nutrition Academy for providing an unrestricted grant to support the Poster Area throughout the Conference and the Reception.

lethal complication of refeeding in patients who are severely malnourished from whatever cause, explained **Dileep Lobo**, Associate Professor and Reader in Gastrointestinal Surgery of the University of Nottingham. Caused by too rapid refeeding, particularly with carbohydrate, it may precipitate a number of metabolic and pathophysiological complications, which can affect the cardiac, respiratory, haematological, hepatic and neuromuscular systems leading to clinical complications and even death. These are mainly attributed to low plasma levels of potassium, magnesium, and phosphate. Professor Lobo discussed the practical management of correcting these cellular biochemical shifts, thus promoting homeostasis. His presentation concluded by highlighting what he felt to be the important points in the prevention and treatment of refeeding syndrome. See Figure 2.

Chaired by Dr Tim Bowling, Consultant Clinical Nutrition and Gastroenterology from Nottingham, **The Challenges of Anorexia Nervosa** symposium featured 'generic' presentations from three healthcare professionals that addressed the management of individuals with anorexia nervosa, from psychiatric and dietetic perspectives.

A case presentation with panel discussion, including the legal perspective, brought home key messages.

Dr Julian Stern, Consultant Psychiatrist at St Mark's Hospital, Harrow, opened the session by describing the pitfalls and problems associated with diagnosing anorexia nervosa with an emphasis on how these patients present in a medical gastrointestinal setting.

Dr Stern suggested to delegates that although the patient in front of them may deny a fear of weight gain, or distorted body image, this does not in his opinion exclude a diagnosis of AN. He urged clinicians not to be conned by such patients, however convincing their argument. To this end an anorexic client will challenge specialists to find a medical cause and treatment, resulting in more unnecessary laboratory tests, medical investigations and even surgery, which are usually inconclusive.

Dr Stern proposed that on some medical wards, staff can view a sufferer with AN as either the 'victim' or the 'manipulator', which can also cause problems in treatment, and ended his presentation by reiterating that AN is a serious illness and that dealing with this condition on medical wards may not be entirely appropriate.

Dr Paul Robinson, Consultant Psychiatrist in Eating Disorders, discussed the difficulties that clinicians face in managing AN, secondary to the many different clinical presentations and features of the disease. This illness in his opinion has a bio-psychosocial model, the biological feature being actual starvation, the psychological being the desire to be thin, and the social side wrapped up in guilt, anger, peer pressure or a familial problem, either aggravating or indeed causing the problem.

Figure 2: Prevention and Treatment of Refeeding Syndrome

- Be aware of the circumstances in which the syndrome is likely to develop
- Re-feed slowly
- Build up the macronutrient content of the feed over several days
- Ensure biochemical monitoring is carried out daily
- Anticipate the additional nutritional requirements of: phosphate, potassium, magnesium and thiamine
- Minimise salt intake unless the patient is salt depleted (% yes)



One of Dr Robinson's main treatment criteria is that of physical risk. If, in his opinion the patient presenting with AN is deemed to be in his words 'critical' then this individual will need to be admitted for medical care. One of the ways in which the seriousness of the condition can be assessed is by using the sit up, squat, stand (SUSS) test. In his experience a patient with a body mass index (BMI) of less than 14 will have difficulty completing this and should be admitted. He also warned that individuals who were so keen to continue to lose weight will go to any lengths to falsify their body mass index or BMI. One of the common ways of falsifying weight readings is consumption of an excess of water.

Finally, Dr Robinson also stated that patients with AN may refuse to accept they have a problem with weight and eating, which can be very convincing, particularly for the family, who may push for medical investigation as opposed to psychiatric treatment.

Ursula Philpot, Senior Lecturer in Dietetics at Leeds Metropolitan University, and **Annette Cockfield**, Advanced Clinical Dietitian at the Retreat, York, provided the dietitians' perspective.

Ursula Philpot began by proposing that there is very little evidence to support nutritional

recovery in anorexia and that this talk was based on 'best practice' of which there are three important elements - refeeding, restoration and repletion. Patient safety must be the prime consideration at all times.

Refeeding should be instigated with care starting at between 500-700Kcal per day with slow increase. Regular biochemical/physiological monitoring, particularly in the first 7-10 days, is required when any sufferer with severe AN may be at risk from refeeding syndrome. She also spoke of potential complications, mainly of a psychological nature that can also impede treatment - if unresolved the nutritional approach to treatment is unlikely to succeed. Both dietitians said that in some cases, patients with AN are subject to delayed gastric emptying, amongst other gastrointestinal complications and in some circumstances it may be necessary to instigate tube feeding.

In conclusion it was suggested, in both speakers' opinion, that a patient with AN is best placed in a specialist eating disorders unit (EDU) which has its own specialist dietitians, nurses and clinicians.

All speakers then took part in an interactive case history, described as one of Tim Bowling's most challenging cases.

Jane: A Client with Anorexia Nervosa

Jane was 17 years old and from Oxford. She was part of a family that was in crisis. Due to her parents divorce and a bad relationship with her mother Jane had been living with her grandparents for the past six months. This legally made them the next of kin.

Jane had multiple community service input and was well-known to the local NHS Trust. She had been admitted to her local adolescent psychiatry unit with a BMI of 10.5.

During this admission she had been very difficult to deal with and her BMI was dropping, so she was then transferred to Dr Bowling's nutritional unit which was mainly for GI patients.

The session followed Jane's journey, beginning with the proposition that in light of the seriousness of Jane's condition should she have been admitted to an EDU where she could have had more specialist help?

Dr Robinson argued that managing such a challenging patient on a medical unit, even in this emergency situation was very difficult, particularly if she was distressed and disruptive. He then challenged the team as to the possibility of sectioning Jane under the Mental Health Act, and he proposed that if she was compliant, it would be best to stabilise her condition medically, keeping her under constant observation with a view of transferring her to an EDU as soon as possible.

Charles Foster, Barrister, Outer Temple Chambers, London, addressed the audience on why consent is so difficult to obtain, referring to the Mental Capacity Act.

This Act passed in 2005 has five key principles shown in Figure 3.

Mr Foster felt that Jane fulfilled the 'Gillick Criteria' for patient consent and that the care of 17 year olds with regard to consent and hospital treatment is covered by Section 8 of the 1969 Mental Health Act.

Who was 'best placed' in the NHS to look after Jane?

It was suggested that Jane be sent to a further adolescent psychiatric unit, but this was not safe as a medic was off site. The team tried a local EDU, but they refused to admit as she was too sick to transfer and, as always, they did not have any beds.

Dr Barry Jones stated that a medical unit was not an appropriate place for her care, as the staff did not have the appropriate training to manage the psychological care, which should not be in isolation if the treatment is to succeed. He then opened up a debate about the use of liaison psychiatrists who should, in his opinion, have been contacted once this girl had been admitted to the medical unit.

This sparked vigorous exchanges between clinicians and delegates, the latter arguing that these psychiatrists, although credible, may not have an understanding of eating disorders and therefore be ineffective. Dr Stern suggested that the psychiatric services and the medical unit need to work together for the good of the patient, as in his opinion both services have skills which could be utilised to better manage cases such as this.

How much restraint could be placed on Jane to stop her exercising and effectively try and save her life which was now described as critical?

Mr Foster addressed this, encouraging delegates and clinicians to refer to the new Mental Health Act passed in 2007, which deals with treatment orders in cases such as Jane's. He also referred to the European Convention on Human Rights and referred delegates and clinicians to Articles 2, 3 and 8 which, he believes, may assist clinicians in making the right decisions regarding difficult cases such as these.

In the case study, it was decided that Jane should go to the local ICU. She was admitted and was sedated; unfortunately sedation caused severe pulmonary oedema, renal failure and congestive heart failure. Jane was too weak to fight and it is unfortunate to report that she died.

In conclusion, it was agreed that Jane was referred to the acute medical services far too late with a BMI of less than 11, and that the prospect of recovering the situation at that stage was very unlikely. However, it was very clear that there was widespread agreement that the NHS does not provide appropriate places of care with the right staffing expertise for critically ill anorexics in the UK and, therefore, the main lesson learnt from this presentation was that pressure needs to be brought to bear on national bodies to address this issue as a matter of urgency. It was Dr Bowling's parting remark that he hoped momentum in this matter could be galvanised and progress made.

A Personal Perspective on Developments in Hospital Nutrition Support



BAPEN instituted the Pennington Memorial Lecture to remember its late Chairman, Professor Chris Pennington, and this year the honour fell to Professor Jeremy Powell-Tuck to give his personal perspective on progress in delivering hospital nutrition support.

Professor Powell Tuck began by tracing the history of how nutrition came to be a part of patient care, discussing the origins of parenteral nutrition in the 1970s, highlighting the fact that despite 600 papers being published on the subject, many clinicians were not aware of this expertise and evidence.

In 1992 BAPEN was established, helping to start to revolutionise nutritional care for patients. Work which looked at the incidence and treatment of malnutrition in hospitals, and studies which looked at the concept of nutritional screening, followed by the work of Marinos Elia in developing the 'MUST', gave examples of how different individuals working within the field of nutrition developed skills that could now be used by teams to enhance nutritional care.

An on-line BAPEN resource, Organisation of Food and Nutritional Support in Hospital (OFNoSH), which was developed by a multi-disciplinary group led by Prof Powell-Tuck and launched in 2007, aimed to support hospitals to continually develop higher standards of nutritional care and treatment.

This presentation described how data from the PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy) study conducted in 2001, were used to assist in the formation of the Strategic Framework for Intestinal Failure, published in April 2008, by the Department of Health in conjunction with the Royal College of Physicians and the Royal College of Surgeons of England. The BANS data also underpinned this Framework document.

Finally, Professor Powell-Tuck proposed that the Nutrition Team is of paramount importance in the care of patients undergoing nutritional support and this concept should continue to develop to enable excellence in care.

Figure 3: Key Principles of the Mental Capacity Act

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms

Viva Las Vegas!

This year's infamous BAPEN Annual Dinner's theme was Viva Las Vegas, with many donning fancy dress. There were many King's alive, and attendees enjoyed great food, music from the King himself, and a bit of gambling!



Vera Todorovic and colleagues enjoy a class of the good stuff



The Kings Alive!




Time to place your bets!



Penny Neild, Anne Holdoway and Mike Stroud embrace the Viva Las Vegas theme





BAPEN
Advancing Clinical Nutrition
Registered Charity 1002907

2009 Annual Conference

of


The British Association for Parenteral and Enteral Nutrition

to be held at

Cardiff International Arena

on

Tuesday 13th October 2009
&
Wednesday 14th October 2009



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

Closing date for submissions
Friday 26th June 2009

www.bapen.org.uk

The Weakest Link – Goodbye!

Eight parts of the gut, represented by the good, the bad and the not-so-bad of BAPEN, fought out a valiant battle at the closing Symposium to discover which gut part was not the weakest link – at least in the view of fellow contestants and delegates.

Guess who made an 'a...' of themselves but made it to the semi-final? Guess whose organ could not be defended? Guess whose mouth was bigger than their belly?

And who survived for longest under the scrutiny of BAPEN's very own Anne Robinson aka Christine Russell to win?

Julie Regan representing the oropharynx won through, although how much her description of the mouth's extra-curricular activities, when not providing that first vital step in the provision of nutrition, influenced this decision is not clear!



Tim Bowling, Julie Regan, Rebecca White and Simon Gabe (Photo: Rhonda Smith)



Photo: Rhonda Smith



Photo: Rhonda Smith



Members of BAPEN can access copies of the presentations at BAPEN 2008 and a copy of a more detailed report on the conference via the members' area of the BAPEN website: www.bapen.org.uk

To become a BAPEN member, join online.

Media Matters

Nutrition has reached a 'tipping point' declares BAPEN

RHONDA SMITH, BAPEN MARKETING & COMMUNICATIONS

The media messages around BAPEN's 2008 Conference focused on nutrition reaching a 'tipping point' in terms of increasing awareness of the importance of nutritional care and treatment in improving patient experience, safety and quality of service. A media release was issued on this important topic.

Professor Marinos Elia stated: "At long last, the importance of nutritional care and treatment has been acknowledged as vital to delivering safe quality patient care throughout the NHS and all other health and care organisations."

Delegates at the BAPEN Conference heard from Virginia Storey, Head of Quality & Health Policy at the Commission for Social Care Inspection, that nutrition has been included in the 18 new Registration Regulations to be imposed by the Care Quality Commission (CQC)

on NHS organisations, as well as all health and care providers across hospital, care and community settings.

The 18 new Registration Regulations are being put in place to deliver 'essential levels of safety and quality' for all patients and people in care. The CQC, whose work starts formally in April 2009, will be developing 'compliance criteria' for each Regulation and against which each organisation will be inspected regularly, with improvement expected year-on-year.

Nutrition screening and training are expected to feature strongly in the criteria for nutrition.

"The strengthening of the regulations and standards around nutritional care and treatment is key to ensuring that best practice nutritional care and treatment is embedded into daily practice in all NHS and care organisations," stated Professor Elia. "BAPEN welcomes this announcement – this is good news for all committed to improving nutritional care and treatment."



Delivery Board Report of the Nutrition Action Plan

Through the media, BAPEN also drew attention to the fact that the Interim Report of the Delivery Board of the DH-supported Nutrition Action Plan was released to coincide with the first day of BAPEN Conference.

BAPEN's Chairman Professor Elia also chairs the Nutrition Screening sub-committee of the Board and was able to report good progress on identified activities such as the Nutrition Screening Week, the GNASH project in sheltered housing and on education materials.

Nutrition Screening Week 2008 data from BAPEN shows that hospitals are failing to communicate effectively

Preliminary analysis of data from BAPEN's NSW08 has shown that hospital staff are putting malnourished patients being discharged from hospital to other care settings at further risk by not providing essential nutrition information to their health and care colleagues.

Professor Marinos Elia, Chair of BAPEN stated in our media release: "Continuity of communications concerning malnutrition is essential to ensure that those identified as malnourished in hospital continue to receive the nutritional care and treatment they need once they are discharged from hospital. The results from BAPEN's NSW08 indicate that five out of six hospitals do not always pass on this essential information."

Given that there are around eight million people discharged from hospital each year and one-third are malnourished, this means that many patients are leaving without this essential information being made available.

Professor Elia adds: "It is not acceptable that people on discharge from hospital are being put at this increased risk. BAPEN calls for all hospitals to ensure that this 'handing on' of essential nutrition information becomes a part of daily 'best practice.'"

Our media communication confirmed that 130 hospitals across the UK took part in NSW08 (1st - 3rd July 2008), along with mental health trusts and care homes. Further data on policy, practice and prevalence are being analysed and will be released at a future date. The full BAPEN NSW08 Report is expected to be published in February 2009.

Nutrition at End of Life – Yorkshire carer shared her experience at BAPEN

Of great interest to the local Yorkshire media this year was the involvement of Jean Tottie from West Yorkshire, who told the BAPEN audience of her struggle to access appropriate nutrition information, support and treatment for her father with dementia.

Before arriving at BAPEN in Harrogate, Jean participated in live and recorded radio interviews with Yorkshire stations and local newspapers who were particularly interested in

the particular practical and ethical issues that arise when managing nutrition issues for those with dementia.

Media contacts on this emotionally charged issue have continued post-Conference.

Media communications continue post-Conference

Media stories are currently being finalised on anorexia nervosa, data from NSW08 on the use of scales in hospitals and care homes, patient safety and BANS and the Intestinal Failure Strategic Network.

BAPEN 'Malnutrition Matters' Cardiff International Arena 13th & 14th October 2009

Promotion of BAPEN 2009 at Cardiff has already begun with promotional leaflets distributed at the Nutrition & Health Conference in London (21st & 22nd November), Specialised Healthcare Alliance conference addressed by Lord Darzi, and the King's Fund Annual Conference attended by 250 senior Trust and PCT managers and practitioners.

If you would like materials to distribute on BAPEN 2009 to your network by email or at your place of work please email: info@minervapc.com or call +44 (0) 1264 710428. Information on marketing, reciprocal and media opportunities available from the same email and phone number.

What is the Media & Marketing function around BAPEN Conferences?

- Membership of Programmes Committee and contribute ideas on content & speakers including liaison with Government, political and policy agencies
- Manage sponsorship and satellite sessions with Industry members
- Identify and encourage new exhibitors and contributors to the Resource Centre
- Write copy as requested by organisations and media outlets
- Support internal communications efforts re: event promotion
- Issues diary date and media releases prior to Conference
- Manage reciprocal arrangements with our media partners
- Identify and deliver promotional opportunities with other conferences, mailing lists and ads
- Identify new opportunities to encourage wider range and numbers of delegates
- Manage and deliver the media relations programme immediately pre-, at and post-Conference

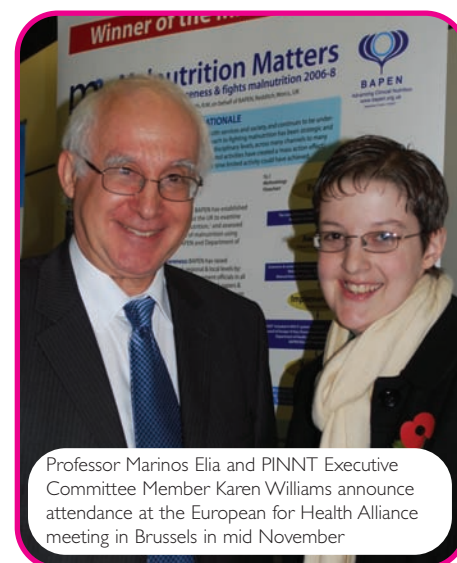
All new ideas, contacts and engagement activity most welcome. Contact Rhonda Smith or Marc Catchpole at: info@minervapc.com or +44(0)1264 710428.

* All photos included within the Media Matters section are courtesy of Rhonda Smith

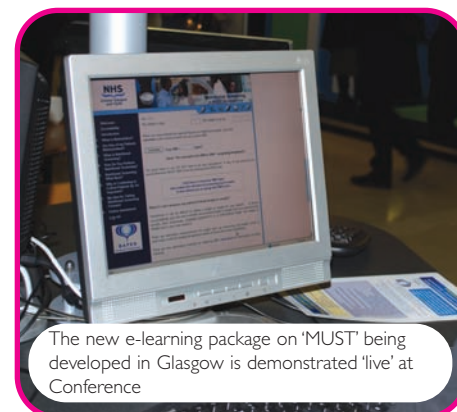
Also at BAPEN 2008...



BPNG publishes its new Competency Framework for Specialist Nutrition Pharmacists



Professor Marinos Elia and PINNT Executive Committee Member Karen Williams announce attendance at the European for Health Alliance meeting in Brussels in mid November



The new e-learning package on 'MUST' being developed in Glasgow is demonstrated 'live' at Conference



Pete Turner discovering what being the new Chair of Programmes Committee is really all about?

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Keeping you up-to-date with the latest news, views, reviews & developments

10 Key Characteristics of Good Nutritional Care – Improving nutrition across health and social care

Caroline Lecko, Nutrition Lead, National Patient Safety Agency

The National Patient Safety Agency (NPSA) have issued a further four factsheets as part of 10 Key Characteristics of Good Nutritional Care toolkit that is currently being developed to assist healthcare staff in improving the provision of nutritional care across all healthcare settings.

The factsheets were developed in collaboration with key stakeholders, including BAPEN, and were launched in September at the National Association of Care Catering annual conference.

A total of seven factsheets have now been produced and the latest four complement and support the first three which were launched in April 2008. The aim of the factsheets is to translate what each of the characteristics means to healthcare staff and equip people with the 'how to' implement each element of the 10 Key Characteristics of Good Nutritional Care.

The factsheets identify the key issues that healthcare staff need to consider for each of the 10 Key Characteristics of Good Nutritional Care by providing information on the following areas:

- What the issues are
- What actions can be taken
- Resources available

The factsheets draw together the current guidance, evidence base and best practice examples.

The latest four factsheets consider aspects of service delivery in relation to design and accountability along with nutritional screening and care planning.

Factsheet 4: Care provider to include specific guidance on food and beverage services and nutrition /hydration care in its service delivery and accountability arrangements

This factsheet discusses issues relating to responsibility, accountability, inspection and user involvement. Good practice guidance is identified from key professional organisations, such as the British Dietetic Association (BDA), Hospital Caterers Association (HCA) and the National Association of Care Catering.

Factsheet 5: Everyone entering care services is screened to identify those who are malnourished or at risk of becoming malnourished

This factsheet identifies why and how to screen for malnutrition and draws on resources and information from BAPEN and the National Institute for Health and Clinical Excellence (NICE).

Factsheet 6: Facilities and services are designed to be flexible and centred on the needs of people using them

The impact of the built and physical environment is considered in this factsheet and the importance of systems design to meet individuals' needs is discussed. Again best practice guidance is identified from the BDA, HCA and NPSA.

Factsheet 7: Everyone using care services has a personal care/support plan and, where possible, has had personal input to identify their nutritional care and fluid needs, and how they are to be met

Multi-disciplinary working is identified as essential in the production of care/support plans and the importance of ongoing monitoring and review of nutritional care is highlighted within this factsheet. Information and resource from BAPEN and NICE are identified and best practice examples are shared.

The NPSA is currently working with key stakeholders in the development of the final three factsheets to complete the toolkit. These will be launched in April 2009 at the Hospital Caterers Association annual conference.

More details and the fact sheets are available via the NPSA website www.npsa.nhs.uk (National Reporting and Learning Service) and via the Royal College of Nursing website www.rcn.org.uk



NICE/BAPEN Shared Learning Initiative

Have you experience of implementing guidelines for nutrition such as NICE?

Are you able to share that experience – whether successful or challenging?

Have you a few moments to submit a short summary for consideration for BAPEN 2009 and the BAPEN website?

Your professional colleagues will love to learn from your experience and BAPEN will provide the platform to disseminate that experience.

As well as being uploaded on the BAPEN website and discussed at BAPEN Conference, successful summaries will also be forwarded to NICE for consideration for their website.

Full details are available on the BAPEN website: www.bapen.org.uk

The deadlines for the applications are:

- 28th February 2009
- 30th June 2009
- 28th February 2010
- 30th June 2010

ASPEN**Clinical Nutrition Week 2009**Date: **1st – 4th February 2009**

Venue: New Orleans, USA

For further information:

Website: www.nutritioncare.org**Midlands BAPEN Annual Meeting**Date: **10th February 2009**

Venue: Holywell Park, Loughborough

Cost: £50.00 inclusive of VAT

Programme:

- 9:00 Registration and display stands
Welcome – Dr Tim Bowling, Consultant Gastroenterologist, Nottingham
- 9:30 Nutrition as a National Patient Safety Concern – Caroline Lecko, NPSA
- 10:15 Enteral Nutrition – The Role of the Nutrition Nurse Specialist – Kate Pickering, Lead Nutrition Nurse, Leicester
- 10:45-11:15 Refreshments and Industry Stands
- 11:15 The Mental Capacity Act and its Implications for Nutritional Support – Robert Nisbet, Development Manager
- 12:00 Cases - James Bebb, Consultant, Derby
- 12:30-13:30 Lunch and Industry Stands
- 13:30 Enhanced Recovery after Surgery (ERAS) – Robin Kennedy, Consultant, St Marks
- 14:15pm Dietetic Interventions Pre/Post Surgery: The patient Journey – Marion O'Connor, Dietitian, John Radcliffe Hospital
- 14:45pm Management of Intestinal Failure: Dysmotility – Jeremy Nightingale, Consultant, St Marks
- 15:30pm NCEPOD – Parenteral Nutrition Study – James Stewart, Consultant, Leicester/NCEPOD

For further information and an application form:

Email: sue.merrick@rwh-tr.nhs.ukWebsite: www.bapen.org.uk**NNNG - 2nd Advanced Skills for Nutrition Nurses**Date: **16th February 2009**

Venue: Medicentre, Heath Park Campus, Cardiff, University Hospitals of Wales

Cost: £30 (£25 for NNNG members) (includes lunch and refreshments)

Covering: Practical demonstrations and a chance to practice in a safe environment.

Practical Sessions: • AMT Nasal Bridle® • PICC placement • NJ placement with 'Cortrak'®

Theory Sessions: • Nurses prescribing PN

For further information contact Winnie Magambo or John Kennedy :

Winnie.Magambo@CardiffandVale.wales.nhs.ukJohn.Kennedy@Fresenius-Kabi.comWebsite: www.nnng.org**BPNG Meeting - Fundamentals of Parenteral Nutrition**

A course for any healthcare professional new to parenteral nutrition

Covering: indications for adults and paediatrics, requirements, monitoring, venous access, stability and ethics.

Date: **23rd April 2009**

Venue: Regents Park College, London

For further information:

Email: conferenceteam@hotmail.comWebsite: www.bpng.co.uk**BAPEN North East Regional Meeting**Date: **30th April 2009**

Venue: Northern Skills Centre, Hexham General Hospital, Northumberland

For further information:

Email: Barbara.Davidson@nuth.nhs.uk**The PENG Clinical Update Course**

This is the last time the course will be run in the traditional BDA validated format before moving to masters level from 2010.

Date: **28th June - 3rd July 2009**

Venue: Strathclyde University, Glasgow

Further details will be posted on the website soon: www.peng.org.uk**BAPEN Medical Teaching day - Nutrition and Renal Medicine**Date: **18th June 2009**

Venue: Central London

For further information contact Dr. Nicki Simmonds (Honorary Secretary BAPEN Medical): nicola.simmonds@ldh.nhs.ukTel: **01582 497519**Fax: **01582 565439****All welcome – more details to follow.****NNNG Conference****TLC: Teach, Lead, Communicate in Nutritional Care**Date: **22nd & 23rd June 2009**

Venue: Knebworth Barns, Hertfordshire

For further information contact Winnie Magambo or Jane Fletcher:

Winnie.magambo@cardiffandvale.wales.nhs.ukJane.Fletcher@uhb.nhs.uk**South Region BAPEN Meeting - 'Practical Nutrition Support'**Date: **6th July 2009**

Venue: Paultons Park

For further information contact Peter Austin:

Peter.Austin@suht.swest.nhs.uk**The PENG Summer Meeting and 25th birthday Celebrations**Date: **4th & 5th August 2009**

Venue: London TBC

For further information:

Website: www.peng.org.uk**BAPEN Annual Conference**Date: **13th – 14th October 2009**

Venue: Cardiff International Arena

For further information:

Website: www.bapen.org.uk**GASTRO 2009: Combined World Congress/UEGW Global Collaboration for Gastroenterology**Date: **20th – 25th November 2009**

Venue: Excel Centre, London

Website: www.gastro2009.org

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