



## Malnutrition Matters BAPEN Conference 2009

**PLUS: Diary Dates, What's New and Core Group Updates...**

## Contents:

Welcome 1

BAPEN Conference 2

What's New 11

Core Group Updates 12

Diary Dates 13

BAPEN Contacts 15

Cost per issue: £2.00 to non members

### 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.

### 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.

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

## A message from BAPEN's chairman

**DR MIKE STROUD**  
HONORARY CHAIRMAN



I have just come back from our Annual Conference which this year was held in Cardiff for the first time. From the outset, it seemed to have a buzz and indeed, even before the main Conference started, both BAPEN Medical and the paediatric gastroenterologists held their own, highly successful, single-day meetings. Nevertheless, until I saw people pouring into the opening plenary session of the Conference itself, I must admit I had been concerned. I cannot recall how many times of late, I have been told that this or that hospital had restricted or stopped all study leave, and my guess was that the same pressures applied to those working in the community. I was, therefore, afraid of a collapse in attendance but, when it came to it, there were well over five hundred delegates on both the main conference days. Clearly, I am not alone in thinking that BAPEN is worth coming to and indeed, I am even aware of individuals funding themselves to attend, not only paying but using up precious annual leave.

So what makes it worthwhile in the midst of everyone's busy schedules? In part of course it is the programme. We try to offer something for everyone, whatever their area of work and interest, and in general I think we succeed. I also like to think that we have good or even great speakers. As Chairman, I actually spend much of the Conference, along with the other members of the BAPEN Executive, in meetings with the main Council, the Trustees and important partners from industry and the Nutrition Society. I, therefore, miss a lot of sessions that I would have otherwise liked to attend but nevertheless, I do get to hear about them. Most of what I heard this year was not only good but very good.

For me with my limited attendance, there was no doubt at all about which session stood head and shoulders above the rest. Carolyn Wheatley's powerful, poignant and eloquent description of the highs and lows of a patient with intestinal failure was frankly stunning, and I would be astonished if many thought differently. This is particularly true since I believe that for many of the delegates, it isn't actually what is in the programme that is the 'be all and end all'. I get to go to a lot of medical or medically orientated conferences which also have fine talks and great speakers – but they don't have the passion. Most people who come to BAPEN really feel that good nutritional care is important and once a year, it is good to get together with others who feel the same way. It certainly rejuvenates a sense of purpose after twelve months dealing with the many in healthcare that don't seem to appreciate how fundamental good nutrition can be.

Having said that, however, there are fewer of them than in the past, and the concept that spotting nutritional risk and dealing with it might be a good idea, has almost come to be main stream. No longer are we considered as either members of a Cinderella group which nobody has heard of, or frankly strange because we have made malnutrition a major interest. Comments about nutritional care now crop up in all sorts of places and the last President of the BSG recently commented to me that BAPEN seems to be acknowledged everywhere and he asked me how we had made that happen. The answer of course was simple. The message we have is straightforward, patient-centred and, as I said so often at the Conference, a key element of quality. As such, it fits brilliantly with everything going on in the new NHS and so, whilst for most of the 17 years of BAPEN's existence, we struggled to be heard, we now at last have the ear of many in authority. As BAPEN reaches maturity at the age of 18, I think we can proudly proclaim to be the voice of clinical nutrition. So, if you missed this year's conference, come to next years, which is back in Harrogate, and if you did come this year, don't miss next year's Birthday party.



# BAPEN Conference MALNUTRITION MATTERS



**BAPEN has the Nutritional X-Factor!** Talent, expertise, professionalism, stage presence, audience engagement plus that extra indefinable 'quality' – it was all there at BAPEN 2009! In case you missed it, here are the highlights.



## RHONDA SMITH REPORTS

BAPEN 2009 opened with a plenary symposium comparing and contrasting the current teamwork of all four UK nations and Europe as they 'scrum down' to tackle under-nutrition. The rugby game plan theme was enthusiastically embraced by our opening speakers.

A warm Welsh welcome from Gwenda Thomas, Deputy Minister for Social Services with responsibility for nutrition, Welsh Assembly, opened proceedings.



Gwenda Thomas, Deputy Minister for Social Services, Welsh Assembly who welcomed BAPEN to Cardiff for the first time and officially opened the Conference, flanked here by Dr Mike Stroud (left), Chair of BAPEN, and Pete Turner (right), Chair of BAPEN's Programmes Committee. The Minister referred closely to the need for teamwork to successfully tackle malnutrition.

*"Bore da. Mae'n bleser cael bod yma heddiw i agor cynhadledd flynyddol BAPEN, sef Cymdeithas Brydeinig Maeth drwy'r Gwythiennau a'r Ymysgareodd. Good morning. I am pleased to be here today to open this year's BAPEN Annual Conference."*

Gwenda Thomas expressed her pleasure at seeing so many professionals present showing their support and commitment to improving the nutritional care of individuals most at risk whether in hospital or in the community.

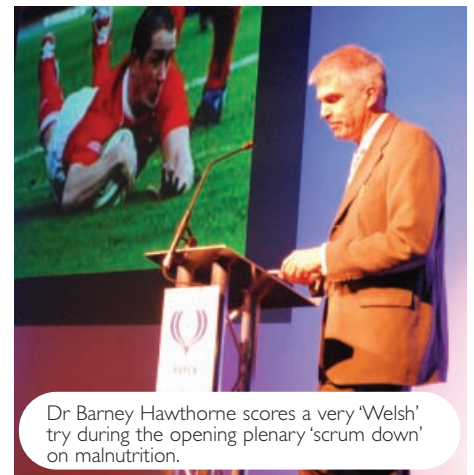
*"BAPEN has done excellent work in raising awareness of malnutrition,"* continued the Minister, *"and in demonstrating that this is an*

*issue which requires the co-ordinated attention of Governments, the National Health Service, private sector and local providers. In Wales the Welsh Assembly Government has made a commitment to improve hospital food and patient nutrition. We have formally launched the report Free to Lead, Free to Care, Empowering Ward Sisters / Charge Nurses, with recommendations on national nutritional care pathways, national food and fluid balance charts, and protected mealtimes across NHS hospitals in Wales to maximise the opportunity for nutritional intake."*

## 'All Wales' Action to Address Malnutrition

Gwenda Thomas confirmed that Wales has responded – put its money where its nutritional mouth is – and introduced in July 2009 the All Wales Hospital Nutritional Care Pathway and Protocol into NHS Wales, developed within the context of the NICE Guidelines on Nutrition Support in Adults. It describes the pathway for the nutrition screening of patients on admission, and the nutrition care throughout their hospital stay. Working in partnership with the Royal College of Nursing, Wales, has also launched a nutrition awareness campaign for hospital staff to promote the message that the provision of food and water has the same importance as medication, a campaign expanding in 2010 to smaller community hospitals and community nursing services. A pilot programme for community-based dietitians, working with key agencies, health professionals, care home staff and others in contact with older people, is also underway; providing training to identify, prevent and treat malnutrition risk.

Dr Barney Hawthorne, Consultant Gastroenterologist, University Hospital Wales in Cardiff and chair of the All Wales commissioning group for Home Parenteral Nutrition (HPN), provided supplementary information on how nutritional care and treatment is being implemented, effectively utilising the rugby theme to press home Wales' whole team approach.



Dr Barney Hawthorne scores a very 'Welsh' try during the opening plenary 'scrum down' on malnutrition.

## Nutritional Care is a 'MUST'

Responding for BAPEN and England, BAPEN chair Dr Mike Stroud provided an overview of the charity's work during the year, against the backdrop of the current drivers such as 'Quality' from the Department of Health and NHS England. Nutritional care and treatment has been proven to be an 'extraordinarily effective treatment' and stated as such by NICE in its guidelines on nutritional support for adults but it is still not embedded in the national care framework.

Dr Stroud argues that nutritional care and treatment should be a 'default' position in all NHS and social care organisations protocols and across all patient and specific disease pathways:

*"No NHS or social care organisation can claim it is delivering quality care to patients and residents, if it does not have appropriate nutritional policies in place and nutritional care and treatment embedded into everyday professional practice. The evidence is clear – if nutritional needs are ignored health outcomes are worse and malnourished individuals go to their GP more often, get admitted to hospital more frequently, stay on the wards for longer, succumb to infections, and may die or end up in long-term care."*

Why isn't this currently the case? Dr Stroud believes that there is still work to be done to demonstrate the link through the provision of more robust and direct data on morbidity and mortality rates.

Dr Stroud emphasised that nutritional status changes quickly. Someone not eating for 72 hours – whether in hospital, care or community – is at much greater risk of complications and poorer outcomes in the event of a health crisis.

## Who has lost the plot?

*"Surgeons have caught on to this," he continued, "noticing that patients with poor nutritional status have far more complications. They have been better than doctors at spotting this link. I am amazed to still hear from some gastroenterologists that they are not even interested in nutrition – and ask myself 'have they lost the plot?'"*

The links between the data we currently have is inadequate, acknowledged Dr Stroud, hypothesizing the number of deaths in hospital that may be associated with the presence of malnutrition:

*"There are around 250,000 deaths a year in hospital. BAPEN knows from its Nutrition Screening Weeks that around 30% of all people admitted to hospital are already at risk of malnutrition, around 80,000 admissions. Data on the presence of Nutrition Support Teams indicates that around 50% of those at risk are picked up with nutritional care initiated which we know improves survival rates. Based on this hypothesis we could be looking at between 10,000 and 25,000 preventable deaths a year – currently we just don't know."*

Dr Stroud stated that with malnutrition estimated to cost the health services across the UK more than £13 billion, screening all patients for malnutrition alongside all appropriate clinical and surgical procedures and instigating appropriate monitoring and treatment procedures would lead to substantial savings to health and care budgets and requires little new investment.

*"We have to accept that we could never save all of that estimated £13 billion as malnutrition is inextricably linked with serious underlying disease, but saving even 10% of that figure would make a staggering difference – particularly in the face of impending funding cuts," he concluded.*

## Nutrition as 'Risk'

Nutrition is now well-established on the 'dignity' agenda particularly for older people, but BAPEN would argue that it is an issue for all age groups and is more serious in clinical terms.

Dr Stroud continued: *"The Government has acknowledged nutritional care as an important part of the dignity agenda and a route to improving care and health outcomes and published the Nutrition Action Plan (NAP) with key stakeholders including BAPEN. However, whilst the Government initiative seems to have faltered, the stakeholders have taken things forward and driven nutritional care and treatment into regulation, standards, education and daily practice – changes that have included the increased use of BAPEN's nutrition-risk screening tool the 'MUST'."*

*So a great deal of good work has gone in to ensuring nutrition is now well and truly on the 'dignity' agenda where of course it is a 'must', but we have to also ensure that nutrition is also seen within the context of managing 'risk'."*

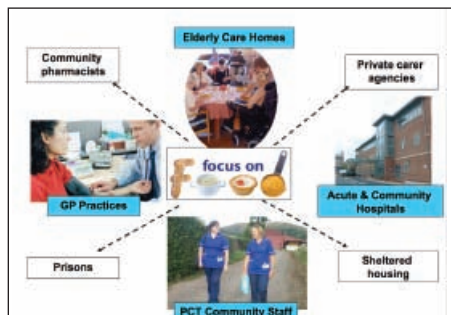
The National Patient Safety Agency (NPSA) has embraced nutrition as a key area contributing to safe care and treatment. Ignoring nutritional care and treatment must now be seen as 'risk' and contrary to establishing quality services.

## Nutrition as 'Quality'

Quality NHS care is defined as flexible, patient-centred, safe and effective. BAPEN not only in England but across the UK and Europe is spreading the word that 'best practice' nutritional care and treatment delivers against all of these 'quality' markers.

BAPEN knows that there is some way to go before all NHS and social care organisations fully implement nutritional policies and practices, but the charity is heartened by the Care Quality Commission's (CQC) confirmation of its focus on nutrition as a cross-cutting indicator of quality and is working with all appropriate agencies to press home this message.

Dr Stroud concluded: *"Awareness, understanding and professional behaviour is changing and it would be an enormous pity if that momentum stalled. And with an estimated additional cost of £13 billion a year related to the problems of malnutrition, we need greater rather than less investment in nutritional care."*



A 'best practice' example of a Quality service across all settings from County Durham's Nutrition and Dietetic Services and Darlington Community Health Services 'Focus on Undernutrition' campaign, presented by Rachael Masters in the 'Nutritional X Factor' Symposium.

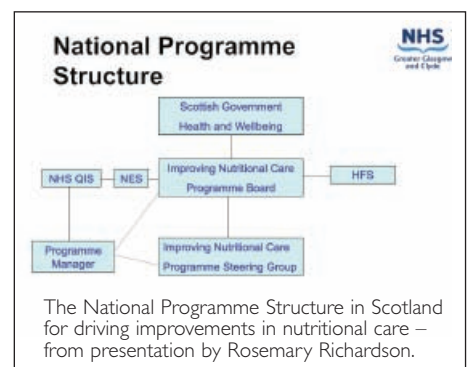
## 'Malnutrition Matters' North of the Border

Scotland's 'Home Game' addressing malnutrition started in 2003, Professor Rosemary Richardson told Conference, with the introduction of six standards covering policy, screening, structures, food and fluid, patient information and training. In 2009, Scotland's Health Boards have been assessed across all six standards with improvements recorded but more work still to be done. 'Ahead of the game' in the UK, Scotland now boasts Nutrition Champions in each Health Board, full-time, fully funded posts for two years.

In Professor Richardson's home territory of Greater Glasgow and Clyde, one of the largest with 7,116 beds, local directorate groups have been set up to 'make it happen'. These local groups which have driven real ownership by nursing staff adding an element of 'competition', coupled with the systematic introduction of training with in-built monitoring has, Professor Richardson contends, really made the difference. 6,200 staff have been trained in eighteen months, new scales purchased and whole Board commitment has ensured maintenance of the impetus to improve nutritional status.



Professor Rosemary Richardson, Practice Development Lead NHS Greater Glasgow and Clyde and involved with NHS Quality Improvement Scotland since the introduction of the Food, Fluid and Nutritional Standards in 2003.



The National Programme Structure in Scotland for driving improvements in nutritional care – from presentation by Rosemary Richardson.

## Northern Ireland – More nutritional work to be done

Dr Nick Kennedy, Senior Lecturer in Clinical Medicine and Nutrition at Trinity College Dublin and associate editor of the journal *Public Health Nutrition*, declared that Ireland needs 'more political champions and clout' to progress the

nutritional care and treatment agenda. He was able to report that a paediatric screening tool is being championed in Ireland and that BAPEN's Nutrition Screening Week 2010 will be enthusiastically supported to help gather specific Irish data.

## Europe Takes Malnutrition to the Heart of Healthcare

Jon Shaffer, Consultant Physician/ Gastroenterologist at Hope Hospital, Salford and BAPEN's UK representative on ESPEN Council, reported that ESPEN is a worldwide leader in clinical nutrition with its conference attracting over 3,000 delegates. ESPEN's NutritionDay, held each January, records how much every patient eats and drinks on that one day and is building a significant patient database that is allowing follow-through on health outcomes.

In June 2009, ESPEN joined with the Czech Presidency of the EU, EU health ministries, ESPEN, healthcare professionals and health insurance groups to call for an end to malnutrition. The declaration confirmed that malnutrition, including disease related malnutrition, are urgent public health problems and action needs to be taken to not only prevent malnutrition continuing to compromise quality of life, but to also cause unnecessary morbidity and mortality and undermine the effectiveness of European healthcare systems.

## BAPEN Nutricia Research Fellowship Awards 2009



The winners of the BAPEN Nutricia Research Fellowship Award 2009 are Sue Green, Mandy Fader, Sue Latter and Michelle Sutcliffe from Southampton, for their project entitled: 'Screening for malnutrition: Barriers and facilitators'.

Dr John McLaughlin, Chair of BAPEN's Research & Science Committee, and Dr Gary Hubbard of Nutricia, presented the £10,000 prize to Michelle Sutcliffe, at this year's BAPEN Conference. The winning research project will explore barriers preventing effective screening and identify factors

promoting integration into routine practice among community nurses. The findings of this project will be used to inform, plan and implement interventions to increase and maintain screening by community nurses, encouraging appropriate nutritional support, leading to lower levels of malnutrition.

In addition, a runners-up prize of a paid place at the BAPEN Conference was awarded to Rachael Barlow, from Cardiff, for her project: 'Nutrition in patients undergoing upper gastrointestinal surgery, a prospective randomised controlled trial of tight glycaemic and fluid management'.

The 2010 award will be advertised in the dietetic press in early 2010, with a closing date at the end of May. Watch the BAPEN website, or contact [gary.hubbard@nutricia.com](mailto:gary.hubbard@nutricia.com), for further details.

## No-one More Expert – The patient that is!

As Carolyn Wheatley's journey of discovery as a patient with complex nutritional problems gradually unfolded through teenage years and into adulthood, all noise in the auditorium ceased and the audience, usually fidgety, often inattentive, became still. If anyone had dropped a pin, it would have been heard.

As Carolyn became a teenager, her health problems emerged resulting in nine years of invasive tests and inconclusive results when she experienced recurring 'tummy aches', bowel problems, vomiting, fluctuating weight and little energy. Her problems were accentuated as she and her GP 'just did not speak the same language'.

*"If I made it to school during this time, it was a bonus. I had no energy... sometimes I felt overloaded, or like I was drowning. I tried to work out if anything made matters worse... my only conclusion that it was sensible to eat soft slushy food as it didn't hurt so much on the return journey!"*

Although matters did not 'settle down' fully as the GP had predicted, Carolyn made it through to adulthood and started work. Life was looking up, she had a social life and was recognised for the work she was doing, not for her health condition. But then symptoms returned; sick days became common place and questions were asked.

**"I was always being asked if I was pregnant due to my distended gut!"**

'Humiliating and degrading' tests returned, sometimes performed with little humanity,

including regular biopsies when all food and drink were withheld for considerable periods. For Carolyn life revolved around home and hospital as she was frequently admitted, but despite all the problems associated with food she still wanted to eat and drink. *"I still wanted that pleasure, the taste – the normality of life."* New tests, new foods, new procedures – Carolyn was a willing volunteer for it all.

### All in the mind?

When 'all' failed, leaving Carolyn feeling more let down by life than ever, the doctors' tack changed. *"It became obvious where this was going,"* says Carolyn. *"They thought I was anorexic and that it might be all in my head. If they [the doctors] didn't believe I had a genuine problem what hope did I have left?"*

Then a glimmer of hope – naso-gastric feeding. *"It was a truly frightening experience. After several attempts over an eight-hour period I let them have one more try... a nurse strategically placed holding my ankles and another holding my wrists."* The feed was started but within an hour Carolyn had not only vomited up the feed but also the tube!

### "January 1984 – saved my life"

Carolyn was transferred to St Mark's in January 1984, a move that saved her life. Here under the supervision of Professor John Lennard-Jones and the support of the Nutrition Team, Carolyn's life turned around with the introduction of parenteral nutrition.



Carolyn Wheatley, Chair of PINNT, delivered the Pennington Lecture 'A Journey of Discovery' on the first morning of Conference, dedicating her presentation to Professor Chris Pennington, Chair of BAPEN 2000-2002, who passed away prematurely in that year. Professor Pennington led BAPEN at a critical time and helped drive discussions in many strategic areas that have provided the bedrock of the charity's continuing success. *"Chris opened up lines of communication between clinicians and patients,"* said Carolyn. *"Bravely going where other clinicians had feared to tread."*

*"Their [St Mark's] philosophy was completely different – it was obvious they were treating the whole person and not just my gut. No more accusations of intentional weight loss – it was official. I had disease-related malnutrition due to pseudo-obstruction."*

On discharge, a day of true celebration, arrangements for out-patient appointments were made and despite the long round trip Carolyn was kept under St Mark's care for more than 15 years when she moved to the Royal London, 'an excellent unit that provided all the support and care I needed'.

Carolyn was by now 'an expert patient' who knew what she needed from her healthcare team:

- Knowledge and expertise in respect of PN and her underlying condition
- Access in times of trouble
- Clear lines of communication
- Mutual trust and respect

When a move to Dorset meant the travel time to London was problematic, arrangements were made for Carolyn to be treated locally – 'not an ideal experience for all concerned' at the first attempt. However, with the arrival of an experienced doctor who took line cultures 'superbly' there was the start of good relationship based on mutual trust and respect.

**"This went against all I had been taught – keep doctors away from my line!"**

### Putting expert patient knowledge to good use

Carolyn joined a steering group 22 years ago that a year later became PINNT – the charity supporting adults and children on intravenous, naso-gastric treatment. Here was an ideal outlet to share with new patients all that Carolyn had learnt on her own journey through nutritional care and treatment, and in 1991 came the invitation to join the group of professionals that eventually created BAPEN in 1992.

**"PINNT embraced BAPEN's agenda and remain committed to ensuring that nutritional care is an integral part of patient care."**

In 2001, PINNT commissioned a survey on *Equity of Access and Quality of Care* to capture the viewpoint of patients as part of the work that BANS was undertaking. The variations across the country that came to light were startling, with some patients travelling in excess of 300 miles for each round trip for both routine and emergency treatment. 30% of those surveyed expressed dissatisfaction with local services and access to emergency care; 78% wanted services closer to home but of good quality, whilst 93% of respondents thought the NHS should be doing more to support HPN patients.

### Patient 'power'

This captured 'patient power', coupled with BANS data, led in 2009 to the publication of the *Strategic Framework for Intestinal Failure and HPN services for adults in England* which provides, for the first time, the benchmarks and processes for delivering accessible quality care.

PINNT has also worked closely with BAPEN on educational initiatives such as the Grasmere Courses, which included a patient tutor on each course, attended by Nutrition Support Teams, and works closely with LITRE, the group looking at the requirements for improvements in equipment needed for this specialist feeding.

### A marvellous 'Eureka' moment!

PINNT supports the 'extreme end of nutritional care' but is totally aware that this is an area of patient care that must be integrated into all care, no matter the health issue, age of patient, or the setting where care is delivered.

Carolyn recalls: "PINNT was delighted when BAPEN convened a meeting in summer 2008 and invited other charitable organisations. 18 groups attended, each passionate about improving access to and delivery of nutrition information, care and support." Whilst each arrived bearing their own experiences, "there was a marvellous 'eureka' moment when we all realised we shared a common goal, just in different settings." The Report was published in January 2009 and has contributed considerably to the debate.

**"Nutritional care is slowly starting to be taken seriously, the patients are being heard and we look forward to ongoing dialogue."**

Carolyn concluded by telling the BAPEN audience that: "Everything you do impacts on patients today and tomorrow. I can see the differences between my early days and current practice, but let's not be complacent. There are still patients out there experiencing some of what I have described. It is our job to do our utmost to support them."

## Death by Drowning – British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients

Co-chaired by Professor Jeremy Powell-Tuck and Dr Michael Colley, this symposium explored the scientific background to the GIFTASUP guidelines and how these relate to the everyday management of patients on hospital wards. Delegates took home practical advice on fluid and electrolyte management of their patients and were equipped with sufficient knowledge to enable them to cascade the information to colleagues back at

work base. Pictured here are (from left) Professor Jeremy Powell-Tuck, Dr Aminda De Silva from Reading, Judyth Jenkins from Cardiff who described the standardised approach across Wales on food and fluid monitoring, Dr Peter Gosling who provided an overview of the properties of iv fluids, Dr Michael Colley of the Great Western Hospital, and Professor Dileep N Lobo of Nottingham who discussed peri-operative fluids.



### Downsize Me – A BAPEN Medical symposium

The aims of this symposium were to examine the medical treatments of obesity in the context of gut hormones control.

Professor Nick Finan (Consultant in Endocrinology University College London) spoke eloquently about endocrine system control of appetite, satiety and long term weight. He was able to show us the human benefits of such work, with new treatments for type II diabetes mellitus and potential therapies to encourage weight loss.

Mr Richard Welbourn (Consultant Surgeon, Taunton & Somerset NHS Foundation Trust) described bariatric surgery as the only 'cure' for type II diabetes and the likely nutritional deficiencies which may develop with each type

of surgery and gave us the current advice about vitamin and mineral supplementation.

Finally, Ella Segaran (Specialist Dietitian in Critical Care at St Mary's Hospital, London) spoke about the management of bariatric surgical complications when weighing up the patient's and surgeons desire for weight loss against the need to maintain an adequate nutritional intake to allow complications such as perforations or anastomotic leaks to heal. As she pointed out, evidence in the medical literature for using nutritional support in critically unwell obese adults is sparse with few controlled trials.

*Additional reporting by Emma Greig*

### The SIGNET Trial – Initial results first revealed at BAPEN

The SIGNET Trial – a randomised controlled trial of glutamine and/or selenium supplemented parenteral nutrition in critical illness – has reported a 10-15% decrease in infection rates reported with selenium supplemented parenteral nutrition if given for at least five days.

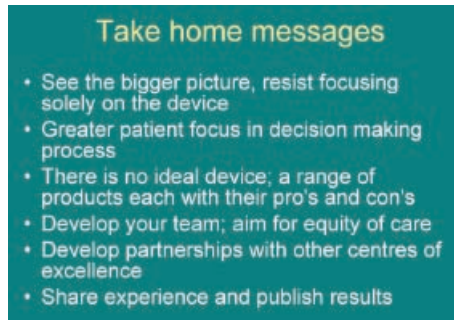
Dr Alison Avenell on behalf of the SIGNET Trial Group, led by Professor Peter Andrews, presented the first top-line results from the SIGNET Trial on the second day of Conference. For further information visit: [www.bapen.org.uk](http://www.bapen.org.uk)

## Parenteral Nutrition – Practical issues

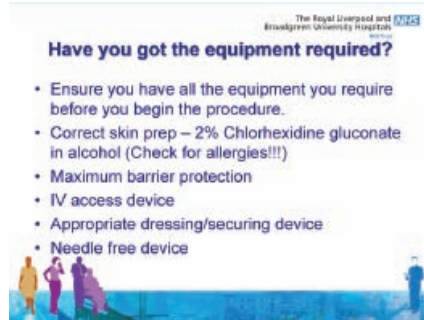
Symposium Chair, Jane Fletcher of the National Nutrition Nurses Group (NNG), said: "This was a very informative and practical session with something in it for all 250 delegates who attended, whether they were new to PN or were experienced practitioners. Emphasis was placed on ensuring that patients' background and situations were well understood, attention to detail was paramount,

including ensuring that patients were involved in the choices being made about their treatments and management."

International speaker Andrew Jackson's session on 'Central Line Care: Inform, Promote, Sustain' was particularly well-received. Andrew is UK lead for the IPS IV Forum and more details can be found at his website [www.ivteam.com](http://www.ivteam.com).



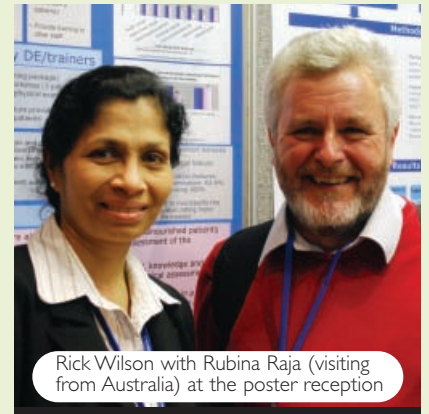
Concluding slide from Angie Davidson's presentation on HPN and catheters



Checklist slide before starting to insert an intravenous device from Alison Young's presentation

## Poster Reception

The Poster Reception with E-poster presentations took place on Tuesday 17.30-18.30 with the vast majority of delegates attending to enjoy a glass of wine and to discuss their posters of choice.



Rick Wilson with Rubina Raja (visiting from Australia) at the poster reception

## Is Malnutrition in the Community the Skeleton in the Closet?

93% of the prevalence of malnutrition exists in the community. A symposium, chaired by Professor Rosemary Richardson, explored what is being done by BAPEN and others to combat malnutrition in specific 'community' areas such as sheltered housing, and the effective use of nutritional supplements among older people.

Christine Russell opened the session by describing the need for, purpose, and outcomes of BAPEN's Nutrition Screening Weeks (NSWs). The largest surveys of their kind, undertaken in the UK, have established the prevalence of malnutrition on admission to hospital, care homes and mental health units at between 25 and 30%. Christine drew attention to the fact that 76% of all admissions into hospital came from their own homes, emphasising the importance of picking up these vulnerable individuals when they step across the threshold of care. Two further NSW surveys in 2010 and 2011 will cover the winter and spring months to complete data collections across all four seasons and provide a robust picture of malnutrition in the UK across the year.

For more information, including details of how to sign up to take part in NSW10, log onto: [www.bapen.org.uk/nsw.html](http://www.bapen.org.uk/nsw.html).

### Policies Addressing the Problem

The data to hand and current landscape of policies has never been better for pressing home the need to include nutritional care and treatment in all initiatives, argued Professor Marinos Elia.

"Around 30% of the 12 million admissions to hospital annually are malnourished according to 'MUST' criteria and of the 60 million outpatient visits 10-20% of those are malnourished," stated Elia. BAPEN has helped identify this huge need

and now it needs to be addressed – this is a national requirement and priority for local action and delivery at primary care level. Currently, malnutrition is not included in the Quality Operating Framework (QOF) for GPs whilst at the same time fewer supported formal care places are available (4% reduction year on year). This has resulted in more vulnerable, mainly older people being cared for at home, often by older frailer carers with little or no support.

The work of the Care Quality Commission, bringing together the health, social care and human rights elements of care, provides an unprecedented opportunity to integrate nutritional care and treatment and deliver a seamless pathway that can then be regulated and inspected effectively.

Government has recognised that nutritional care and treatment highlights health inequalities, a phenomenon that must be urgently addressed.

"There is a not only a North/South divide," said Professor Elia, "but also a deep divide within geographies and around specific nutrients such as vitamin C deficiency in residents in care homes. It is still the case that GPs and Commissioners are not aware of these issues – we must demonstrate to them that improved nutrition and nutritional care and treatment keeps people out of hospital thus saving the healthcare system hard cash."

### Evidence base for oral nutritional supplements (ONS)

Dr Rebecca Stratton of Nutricia and the University of Southampton, presented the findings of research that showed that use of ONS is effective in increasing intake and subsequently weight;

delivers functional benefit, as well as a reduction in the risk of developing pressure sores and wound related complications; and with high protein supplements reduces hospital readmissions.

Stratton argued that even a small reduction in the incidence of malnutrition brought cost benefit but that three key challenges currently remained – the under-detection of malnutrition; current cost pressures and priorities with malnutrition often missing out; and implementing appropriate use.

"GPs still don't know about malnutrition; don't think it's important or don't know what to do about it," concluded Stratton. "Most think ONS taste horrible but have never tasted them themselves!"

Emma Parsons, Research Dietitian from Southampton, shared the results of her recent audit of ONS use in care homes in Hampshire. Over a four week period, 43 care homes (two-thirds nursing, one-third residential) were visited and 1200 residents screened using 'MUST'. 39% of residents were found to be at risk of malnutrition, 25% at high risk. Only 17% were receiving ONS.

Emma concluded that a large percentage of residents were found to be in need of intervention, that training for healthcare professionals and other untrained staff together with informing residents was essential; and that addressing malnutrition provided a clear opportunity for all agencies to work together to provide a personalised service.

This symposium ended with Andrea Ralph discussing the results of work in 140 Sheltered Housing schemes in Wiltshire and Somerset housing 1353 individuals. A 12% prevalence of malnutrition risk was recorded, 5% high risk, a figure that coincides with BAPEN and GNASH's (Group on Nutrition and Sheltered Housing) recent work in sheltered schemes in both the North and South of England.

## Commissioning Nutritional Care – Who decides? Who pays? Who delivers?

Dr Ailsa Brotherton, a member of BAPEN's Quality Group, chaired this session which aimed to provide insights into how clinicians can engage with and influence the commissioning agenda in their local area.

Two speakers from Health Commission Wales, Ian Langfield and Luke Archard described how HPN was now commissioned using consistent protocols and procedures and standards across all Wales. Quality Indicators or Standards introduced cover information & communication, hospital and home use, long-term ward management, line sepsis and readmission rates. Utilising this all Wales approach, the number of patients receiving HPN has doubled between 2004 and 2009 ensuring equity of access and consistent standards of care.

BAPEN was fortunate that Andrew Bibby, now an Associate Director of Commissioning and until recently involved with the development of the Intestinal Failure Strategic Framework with HIFNET and BAPEN, was able to present in this session and contribute his expertise.

Bibby confirmed that there is no 'silver bullet' that will ensure malnutrition makes it onto the Commissioning agenda in England – it requires great effort in communication and application to demonstrate and articulate the precise benefits in terms of reduced morbidity and mortality, length of stay, incidence of infection and other complications. Bibby confirmed that in his view these factors were still largely unknown to Commissioners but that there are current opportunities via the call in the QiP for cross-cutting themes that deliver quality and cost-effectiveness. There is still time to

work towards getting nutritional care into the NHS Operating Framework for 2010-11 as well as onto the Quality agenda via the CQC.

*"The 'direction of travel'," Bibby indicated, "is that the NHS will increasingly wish to see clinicians in the same room with Commissioners and the Trusts and not leave finance and performance management experts to make the decisions."*

### BANS – The major player in nutritional care data collection

Dr Trevor Smith, who took over as Chair of the BANS (British Artificial Nutrition Survey) this year, took delegates on a whistle-stop tour of BANS history from its first beginnings in 1980 as the Salford HPN Register under the guidance of Anne Micklewright, through to 1996 the first BANS Report, and up until the present day.

*"BANS has been a vital tool in helping all concerned with nutritional care and treatment to plan and establish national nutrition services such as HPN and home enteral feeding protocols," said Dr Smith. "It has been instrumental in demonstrating the clear inequity in service provision and access and contributed significantly to the development of the Intestinal Failure network service framework."*

For the last two years BANS has been battling to overcome the potentially fatal effect of the Data Protection Act which has threatened to cut off completely the supply of data from reporting centres. However, Dr Smith was also able to

report that in co-operation with the newly formed National Information Governance Board (NIGB) it looks like a way has been found to provide the patient data in a suitably anonymised way to allow BANS to continue to collect the data relevant to local Trusts and Health Boards.

Dr Smith was able to report that despite these difficulties, and the transfer of data to e-collection, 4,326 new registrations were recorded in 2008. He also announced that the 2009 BANS Report will be available soon and will be freely downloadable from the BAPEN website, as are previous BANS Reports.

*"BANS is the best survey of its kind in the world," added Dr Smith. "With this data we can make recommendations to commissioners and highlight shortfalls and inequalities in service provision. Please continue to support BANS by reporting your data."*

### BAPEN's Commissioning Toolkit – BAPEN needs your feedback

Dr Ailsa Brotherton and Dr Nicola Simmonds concluded this Symposium by introducing the draft BAPEN Commissioning Toolkit and welcoming all to comment on the draft and its refinement. For copies of the draft document, email: [Turing@foveran.fsnet.co.uk](mailto:Turing@foveran.fsnet.co.uk) or [ambrotherton@uclan.ac.uk](mailto:ambrotherton@uclan.ac.uk) with Commissioning Toolkit in the subject line.

## Whose fault was it anyway? What did the 'Coroner's Court' decide?

'Death by misadventure' was the verdict of this mock court, the jury being the audience; the case that of a woman who had undergone surgery and despite receiving treatment had died.

The Court heard that in this case the Nutrition Support Team (NST), in the hospital in question, was not functioning optimally; expert evidence heard by the Court confirmed this. Questions concerning the feeding of this very sick patient were covered together with how the catheter related infection that set in was managed.

Experts confirmed that in their opinion the nutritional care received by this patient was sub-optimal and that this had been potentially triggered by existing pressures within this NHS facility. The 'death by misadventure' verdict indicates the audience understanding of the potentially serious consequences of ignoring or mishandling nutritional assessment and care in the crucially ill.

Via a show of hands, 60% of the 200 delegates attending this symposium said they worked within a Nutrition Support Team

(NST) but this percentage dropped to approximately 40% when investigated further. There is still a way to go before all hospitals can say they have a fully functioning, multi-disciplinary NST.

*"This was an excellent session," commented Dr Jon Shaffer, Chair and Coroner. "Ruth Newton and Ruth McKee are to be congratulated for organising this Symposium, it generated great audience participation and interactive involvement, which helps embed knowledge and understanding."*

HEIGHT(m)	Men(<65years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71	1.69
HEIGHT(m)	Men(>65years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67	1.65
	<b>Ulna length(cm)</b>	<b>32.0</b>	<b>31.5</b>	<b>31.0</b>	<b>30.5</b>	<b>30.0</b>	<b>29.5</b>	<b>29.0</b>	<b>28.5</b>	<b>28.0</b>	<b>27.5</b>	<b>27.0</b>	<b>26.5</b>	<b>26.0</b>	<b>25.5</b>	<b>25.0</b>
HEIGHT(m)	Women(<65years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66	1.65
HEIGHT(m)	Women(>65years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63	1.61

## Obesity/Too Many Pies – Malnourished as well as obese?

The Nutrition Society sponsored Symposium 'Too many pies - metabolic consequences in obesity', chaired by Professor Gary Frost of Imperial College covered the challenges of the nutritional management of obese patients in hospital, care and the community. Speakers from Aberdeen, Southampton and London, addressed the issues of trauma and obesity, the impact of obesity on inflammatory stress and morbidity, the fatty liver and changes in body composition that drive the response to trauma.

### Exhibition & Sponsors



Delegates were able to update themselves on the latest products and services by visiting the many stands at the exhibition, which ran over the two-day event.

BAPEN would like to thank the following exhibitors, Info Zone participants and sponsors for supporting this year's successful BAPEN Conference: Abbott Nutrition, Baxter Healthcare Ltd., B Braun Medical Ltd., Bodystat Ltd., BPNG, British Journal, Community Nursing/ British Journal of Health Care Assistants, British Journal of Nursing, Bupa Home Healthcare, Calea UK Ltd., CME McKinley UK Ltd., CM2 Ltd (Complete Nutrition Magazines), Complian Foods Ltd., Elgin Medical Ltd., Fannin UK, Fresenius Kabi Ltd., GBUK, Healthcare, Hospira Ltd, ITH Pharma Ltd., Kimal Plc., Merck Serono, Nestlé Healthcare Nutrition, Network Health Dietitians, Nightingale Trust, NNNG, Nutricia Ltd., NutriLicious, Nutrinovo Ltd., Oxford Nutrition, PCSG, PENG, PINNT, Royal College of Physicians, Skills Academy for Health – Core Learning Unit, The Nutrition Society, Vitaflo International Ltd., Vygon Ltd., Wiley-Blackwell, and Willow Healthcare Services Ltd.

## Nutritional Intake and Status – Potential drug interactions

The BPNG symposium on Wednesday, chaired by Jackie Eastwood, Pharmacy Manager at St Mark's Hospital, Harrow and supported by an unrestricted educational grant from Baxter, provided clear insights and practical information on the impact and interactions drugs can have on nutritional intake and status.

The symposium was opened by Joseph Boullata, Associate Professor of Pharmacology & Therapeutics at the University of Pennsylvania and Pharmacy Specialist in Nutrition Support who focused on biobehavioural factors in obesity and protein-calorie malnutrition.

### Drug-food interactions

Dr Pamela Mason, freelance pharmaceutical writer and consultant presented a comprehensive review of drug and food interactions, starting by clarifying that whilst the potential for interactions is considerable these are only considered significant if the response to the drug is altered- either enhanced or reduced.

The effect of such interactions may include the failure of drug therapy, nutritional deficiencies, adverse drug events or non-compliance of the patient with drug therapy due to that change or effect. Such non-compliance may impact on that patient's ability to recover.

Drugs may influence ingestion (appetite or taste), secretion (oral or gastric), absorption (metabolising enzymes or transporters), gut motility, flora and excretion. Lithium, terbanafine, anticholinesterase inhibitors and PPIs are all examples of drugs that have these kinds of effects. Dr Mason drew delegates attention particularly to the potential adverse interactions of grapefruit juice, St John's Wort, folic acid and vitamin K with certain drugs

such as anticoagulants. Current popular supplements such as fish oils and glucosamine may also affect anticoagulants, whilst Co-enzyme Q may increase the potency of Warfarin and Echinacea alter effectiveness in a number of ways. With the prevalence of vitamin and mineral supplementation increasing in the UK population, Dr Mason recommended that healthcare professionals pay greater attention to gaining detailed patient information about supplementation habits, monitor carefully any adverse events, and change drug therapy where appropriate, taking patients off drug therapy where it is appropriate to do so.

*"The highlight of your day should be taking a patient off drug therapy,"* concluded Dr Mason.

### Drug side effects can influence nutritional intake

Just as drugs can interact with ingested food, the side effects of drugs can significantly influence nutritional intake. Rebecca White, Lead Pharmacist for surgery and nutrition, Churchill Hospital, Oxford, presented the other side of the equation. Factors influencing nutritional intake include food availability, able to feed oneself, appetite and perception of food whilst certain drugs are known to cause weight gain (steroids, antipsychotics), nausea and vomiting due to their direct effect on serotonin or dopamine receptors, decreased gut motility (opiates and anticholinergic drugs) or diarrhoea.

*"Targeted therapy is essential to achieve the best result for each patient,"* concluded White. *"Be clear about which parts of the body you wish to 'protect' and which effects you wish to avoid."*

## Breakfast and Compliance

On the second day of 'Malnutrition Matters', post Conference dinner, 75 delegates whetted their early morning appetite with a Breakfast Briefing, supported by Nutricia, on eating well in later life and issues concerning compliance and intake from sip feeds or oral nutritional supplements (ONS) in hospital, care and the community.

Marion Hetherington, Professor of Biopsychology at University of Leeds, reviewed the evidence on factors influencing nutritional intake in later life, strategies to combat the anorexia of ageing, and measures that can be adopted to improve food intake and food choice in older adults.

Chair, Christine Russell, continued by introducing Sally Brothers, Head of Nutrition and Dietetics at University Hospital Lewisham, who discussed practical strategies to improve ONS compliance on hospital wards; and Emma Parsons, Research Dietitian at the University of Southampton, who presented her practical findings concerning ONS compliance in care homes in Hampshire.

by Complian Foods Ltd • 18 August 2009 • Single use only

1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

for Parenteral and Enteral Nutrition} www.bapen.org.uk. By granting copyright BAPEN does not necessarily support the use of Complian's products. Booklet", which can be downloaded from www.bapen.org.uk/must\_notes.html

As part of County Durham's Nutrition and Dietetic Services and Darlington Community Health Services 'Focus on Undernutrition' campaign, the 'MUST' alternative measurements tape has been produced, endorsed by BAPEN and supported by Complian. The disposable paper measure provides an easy way to calculate height by taking ulna length when an individual is unable to stand. For more information on alternative measurements when using 'MUST' log onto: [www.bapen.org.uk/musttoolkit.html](http://www.bapen.org.uk/musttoolkit.html)

### Omega 3 – Fatty acids, inflammation and feeds

The Nestle Nutrition satellite symposium on the second day was opened by Philip Calder, Professor of Nutritional Immunology at the University of Southampton, who outlined the biochemistry of omega 3 fatty acids.

Omega 3 fatty acids, the long chain polyunsaturated fatty acids, including those derived from marine sources, have a final carbon-carbon double bond in the n-3 position: that is the third bond from the methyl end of the fatty acid. The nutritionally important omega 3 fatty acids are alpha linolenic (ALA), eicosapentanoic acid (EPA) and docosahexanoic acid (DHA).

Professor Calder discussed how EPA and DHA have an anti-inflammatory effect by competing in synthetic pathways with the omega 6 fatty acid arachadonic acid (AA) and altering the production of inflammatory mediators, particularly in the membranes of immune modulating cells.

Professor Calder went on to discuss the evidence for the use of omega 3 fatty acids in enteral feeds, including the first omega 3 products to be used on the ICU referred to as immunonutrition. These contained a cocktail of potentially immune modulating ingredients including omega 3 fatty acids, arginine, glutamine, nucleotides and antioxidants with many trials showing decreased infections, ventilation days and LOS in ICU patients. The ESPEN enteral nutrition guidelines suggest there is grade 'A' evidence to use immunonutrition in elective upper GI surgery and trauma. However, because these products contain a cocktail of ingredients, it is difficult to pinpoint exactly which ones produce the beneficial response.

Another ICU specific feed containing fish oil was launched in the late 1990s. Aimed at ventilated patients with acute respiratory distress syndrome (ARDS) or lung injuries, it contains fish oil, borage oil (rich in gamma linoleic acid) and antioxidants. This formula has demonstrated marked benefits on gas exchange, ventilation requirement, new organ failures, ICU stay and mortality in patients with ARDS, acute lung injury or severe sepsis.

Pete Turner, Chair of BAPEN's Programmes Committee and an active member of PENG, continued by reviewing the devastating effects of excessive or prolonged inflammatory responses on ICU patients. These 'acute phase' responses have profound effects on nutrient stores and substrate utilisation leading to weight loss. The breakdown of endogenous nutrient stores, including skeletal muscle, to release amino acids to be used as energy or for the synthesis of acute phase proteins is referred to as catabolism and can lead to a negative N balance up to 20g/day. Research (Griffiths 2003) has estimated that acute ICU patients could lose up to 5-10% muscle per week.

Pete continued by providing practical advice on the timing and amounts of specific feeds required at various stages of the inflammatory response.

An interactive panel discussion, dealing with many questions from the audience, closed this well-attended symposium.

*Additional reporting by Pete Turner*

### BAPEN has Got Talent – In abundance!

The X-Factor Judging Panel - Becky 'Amanda Holden' White, Pete 'Piers Morgan' Turner and Tim 'Simon Cowell' Bowling – were outshone by the six finalists who all demonstrated that certain quality – the 'Nutritional X-Factor'.

BAPEN Chair Mike Stroud reached out for his poetic pen once again to become the 'BAPEN Bard' declaring that it was BAPEN itself that had the nutritional X-factor, but that didn't go down well with the Judges panel or the audience. Hazreen Abdul Majid donned a monk's cowl, or Jeddai Knight cloak dependent on your vantage point, to sing 'How d'you solve a problem like diarrhoea?' to the tune of 'How do you solve a problem like Maria?' Talk about mixed media!

Mike Fryer, representing Complete Media & Marketing (CM2), tried to convince the audience that CM2 has a stranglehold on all nutrition media, whilst the St Mark's team told all that they were the 'Perfect Team'. More like a 'Perfect Happening' if you ask me!

Rachael Masters proved that she was the Master of 'MUST' with her inspirational presentation on County Durham and Darlington's 'Focus on Under-nutrition' campaign that reaches out to the parts that most other PCTs and Hospital Trusts can only dream about, earning herself the coveted runners-up position.

The 'Northern Alliance' made up of combat teams who have seen active service across foreign and harsh terrains reformed their battle lines under the command of Captain Marcia McDougall to ensure that the 'screening MUST go on'. New recruits volunteered as the whole auditorium erupted into a gutsy rendering of 'The Battle Hymn Of The Republic'.

Ignoring the over-emotional, crass and often libellous opinions of the judging panel, the people's vote overwhelmingly went to the Northern Alliance who received the accolade of 'Nutritional X-Factor winners for 2009' with the unprecedented right to include that information on their CVs.

Further details of the X-Factor entries are available to BAPEN members only on the Members Area of the website.



## Yee ha!

The informal style of the Wild West Conference dinner at the Mercure Hotel, attended by 299 delegates, went down a treat with all enjoying the 'Bucking Bull', the target shooting range and the country & western atmosphere. However, a line was drawn at Line Dancing!



Where did you get that hat? Pete 'Texas Jack' Turner contemplates his stage career



Tim 'Butch' Bowling shows the Wild Bunch how it's done!



Eyes open, eyes shut – what's the best strategy? 'Calamity' Cartwright and 'Wyatt' White shoot it out

## Factoids – BAPEN 2009 'Malnutrition Matters'

- Two full days of Conference
- 570 delegates over two days
- 34 national and international speakers
- 9 mainstream symposia
- 5 original communications presented in main symposia
- 17 original communications presented in two sessions
- 13 e-posters presented in two sessions
- 86 posters displayed throughout Conference
- 1 satellite symposium, 1 breakfast briefing
- BAPEN Medical Education day with 120 delegates
- 22 Exhibitors plus InfoZone for organisations

BAPEN members are now able to access presenters slides from the 'Malnutrition Matters' 2009 Conference plus detailed reports of selected symposia via the BAPEN website (members area).

All photos by Rhonda Smith



**BAPEN**  
Advancing Clinical Nutrition  
Registered Charity 1023927

## 2010 Annual Conference

**MALNUTRITION MATTERS**



**Harrogate International Centre**

on

**Tuesday 2nd November & Wednesday 3rd November 2010**

### Programme for 2010 includes

- News on BAPEN Initiatives
  - Pennington Lecture
- BAPEN Nutricia Research Fellowship Award 2010
  - Trade Exhibition
- Exhibition of Original Communications

**ABSTRACTS** should be submitted on-line according to the published guidelines, available on the BAPEN website.

**ABSTRACTS** will be considered by **BAPEN** for Oral, E-Poster and Static Poster Sessions.

### Symposia include

- Options in Enteral Feeding : to PEG or not to PEG, is that the only question?
- Micronutrients under the Microscope
  - Nutrition in IBD
- Home Intestinal Failure Network (HIFNET) and PN
  - Improving Quality in Nutritional Care : evidence based initiatives in nutritional support
- Nutrition is the Cutting Edge in Surgery - Peri-operative Feeding
- How to succeed in Research & Audit

**Closing date for Abstract submissions is Friday 2nd July 2010**

**British Association for Parenteral and Enteral Nutrition**  
**www.bapen.org.uk**

## Missed the 2009 ESPEN Congress?

For all those that didn't get the chance to attend the 2009 ESPEN Congress in Vienna, don't fret! For a limited period you can download the educational lectures.

Simply visit the ESPEN website, click on 'Congress' and select 'Congress presentations'! Although the presentations are currently available to download by 'members' and 'non-members' alike, after 31st January 2010, the Congress presentations will only be available to download by 'members'.

So make haste, and visit:  
[www.espen.org](http://www.espen.org) now!

## 'MUST' Matters

Kirstine Farrer, Consultant Dietitian, specialist in Intestinal Failure and Lead for NHS Salford Nutrition & Dietetic Department was confirmed at Conference as the new lead for BAPEN on all enquiries concerning the use and licensing of 'MUST' an area of work currently undertaken by Christine Russell.

Contact Kirstine via the BAPEN Office at [bapen@sovereignconference.co.uk](mailto:bapen@sovereignconference.co.uk)

## BAPEN AWARDS



### And the BAPEN Roll of Honour goes to...

**Dr Nicola Simmonds** in recognition of her work on developing BAPEN Medical's e-learning modules designed with F1 and F2 doctors in mind, and **Peter Austin**, BAPEN's South Regional Rep, for his efforts on the organisation and successes of the Southern Region BAPEN meetings.



Dr Mike Stroud presents Dr Nicola Simmonds with her BAPEN 'Roll of Honour'

## Professionals Share their Knowledge and Practical Experiences to Support the Appropriate Use of Oral Nutritional Supplements (ONS) in Older People

A new document has been launched to assist healthcare professionals involved in the management of malnutrition in hospital and community settings.



'The Appropriate Use of Oral Nutritional Supplements in Older People' has been compiled by a panel of dietitians and health professionals who are experts in the area of malnutrition or are involved in the care of older people. The

document has been reviewed and endorsed by the British Association for Parenteral and Enteral Nutrition (BAPEN) and the British Dietetic Association (BDA) as well as the Nutrition Advisory Group for Older People (NAGE), the Parenteral and Enteral Nutrition (PEN) Group and the National Nurses Nutrition Group (NNNG). Its production was made possible by an educational grant from Nutricia.

Free copies can be obtained by downloading a copy from the Nutricia website: [www.nutricia.co.uk](http://www.nutricia.co.uk) or by contacting your local Nutricia representative.

## Calling All Midland BAPEN Members

This year we changed the format of our annual meeting to an evening event, kindly sponsored by Nestle Nutrition. The importance of multi-disciplinary team working was highlighted by two very informative presentations on ERAS (Enhanced Recovery after Surgery).

Mr John Evans (Colorectal Surgeon) reviewed the evidence for ERAS programmes, based on his experience with Mr Robin Kennedy at St Marks. This was followed by Marion O'Connor (Senior Dietitian - Oxford) who highlighted some of the more practical issues to consider around optimising pre-operative nutritional

support, carbohydrate loading and improved post-operative dietary intake.

We are now planning our 2010 meeting - a half to full day event. If you have any suggestions on topics, venues or would like to join the email contact list please get in-touch via: [melanie.baker@uhl-tr.nhs.uk](mailto:melanie.baker@uhl-tr.nhs.uk)

## BAPEN goes E – E-learning that is!

Announced and demonstrated at Conference were two new BAPEN e-learning educational resources.

E-learning resources provide easier access to the knowledge necessary to upskill the NHS and social care workforce to deliver 'quality' nutritional care and treatment. *'Nutritional Screening – a 'MUST' for Healthcare in Hospital'* is an interactive e-learning resource on nutritional screening using 'MUST' and has been developed by BAPEN in partnership with NHS Greater Glasgow and Clyde.

*"Undertaking this module from BAPEN will equip hospital staff to play a key part in improving the nutritional care of their patients,"* says BAPEN Project Lead Christine Russell.

Designed for healthcare staff working in hospitals, the module explains the causes and consequences of malnutrition, the importance of nutritional screening and how to screen using 'MUST'. It includes examples of care plans and an online assessment together with a certificate of achievement. The resource includes an optional reporting system which can be set at unit, directorate or ward level to enable managers to monitor staff uptake and completion. This e-

learning resource is hosted on a secure server and can be accessed via the internet thus enabling the learner to complete the module at work or at home. The resource can be customised to include trust logos, a welcome from a senior manager and local care plans if desired. Costs of customisation will depend on the work required. This first BAPEN e-learning module focuses on the hospital setting; another module is currently in development to cover alternative settings in the community.

BAPEN Medical has developed three e-learning modules on nutrition for Foundation Doctors and other disciplines. These modules are now freely available via the BAPEN website, (<http://www.bapen.org.uk/elearning/>) and cover disease-related malnutrition, nutritional assessment and requirements, nutrition monitoring and ethical issues. Together they provide an appropriate level of information for junior doctors and other healthcare professionals interested and involved in nutritional care.

## BAPEN Medical Update

A Report on the BAPEN Medical Teaching Day  
12th October 2009

The subject of this year's Medical teaching day was 'The Dysfunctional Gut'. During the day, there were a series of lectures and interactive case discussions by national experts, aimed at providing a state-of-the-art approach to assessing, investigating and managing patients with complex problems including intestinal dysmotility, persistent vomiting, opiate dependency, food intolerances and psychological issues, and addressing their nutritional needs. The meeting was well attended with more than 120 delegates.

The morning session was chaired by Dr. Emma Greig and Dr John McLaughlin.

Dr Barney Hawthorne, (Consultant Gastroenterologist, University Hospital of Wales, Cardiff) set the tone for the day through his lecture on "the spectrum of GI motility disorders" with case presentations from his Specialist Registrar, Dr. Sunder Raj. Many Gastroenterology patients present with motility disorders, from common 'functional' dyspepsia through irritable bowel syndrome and onto the more complex and rare small bowel pseudo-obstruction. Unfortunately, we lack many therapeutic options to manage these complex symptoms. The difficulty in diagnosing patients with various gastrointestinal dysmotility disorders was illustrated by case presentations.

Dr Anton Emmanuel (Senior Lecturer in Neurogastroenterology and Consultant Gastroenterologist, University College Hospitals, London) made a difficult topic of gut dysfunction sound very simple in his inimitable style. He focused on topics ranging from IBS, diarrhoea and constipation and the use of different modalities of treatment from biofeedback to sacral nerve stimulators. Several clinical pearls (e.g. patients with Hirschsprung's disease never soil their clothes) and choices of drugs for specific conditions (e.g. Clomipramine is useful for patients with abdominal pain and obsessional personalities) that he uses in his tertiary hospital practise were highlights of his stimulating lecture.

Mr Charles Knowles (Clinical Senior Lecturer in Colorectal Surgery and Honorary Consultant Surgeon, Barts and London School of Medicine and Dentistry) gave a lecture on chronic intestinal pseudo-obstruction. He was eloquent in his description of the spectrum of GI neuromuscular diseases, their presentation, investigations (including small bowel manometry), the methods of obtaining full thickness jejunal biopsies, and treatment. He spoke of the roles of the surgeons and neuromodulation in selected patients, and the important role of nutritional support in these patients

The afternoon session was chaired by Dr Nicola Simmonds and Miss Ruth McKee.

Dr John McLaughlin (Senior Lecturer and Honorary Consultant Gastroenterologist, University of Manchester) made easy work of the difficult task of debunking the myths about food allergy and food intolerance. He clearly differentiated food allergy from intolerance; showing the role of immune mechanisms. He spoke of non-immunological food intolerances like lactose and fructose intolerance, and recent knowledge about nutrient sensors in the gut.

Dr Mark Fox (Clinical Associate Professor, University of Nottingham) gave a thought-provoking talk which differentiated organic and functional causes of vomiting. Dr Fox described the mechanisms of nausea and vomiting and how to investigate patients with vomiting which is difficult to control. There was an overlap between organic and functional mechanisms in certain disorders (e.g. chemotherapy induced emesis) and this has to be borne in mind while investigating and treating these patients. Investigations like high resolution manometry currently and MRI of the stomach in the future are techniques that might be useful in complex patients.

After tea, there were interesting case presentations by Nicki Simmonds, Ruth McKee and Jon Shaffer (Consultant Gastroenterologist) from Hope Hospital in Salford with an expert panel consisting of Barney Hawthorne, John McLaughlin, Ruth McKee and Mark Fox. These cases illustrated how difficult it can be to manage patients with dysfunctional gut, showed where nutritional support might be needed in certain situations and demonstrated how each situation evolves over a long period of time.

Feedback from the teaching day has proved very positive and we thank delegates, speakers and our sponsors (Abbott, B Braun and Calea) for their assistance in making this such a successful meeting.

*Reported by Dr Lawrence Sunder Raj,  
Specialist Registrar, Wales*

## NNNG Update

NNNG Conference  
21st & 22nd June 2010  
Birmingham Motorcycle Museum

**Topics include:** Nutrition Updates: The national picture; Ethics and the Law in Nutritional Support; Mental Capacity Act and Advance Directives; RCP & End of Life Guidelines; Quality of life for patients with PEG; DEBATE: PN in end stage disease. Is it a good use of resources?; Hot Topics – an open forum for delegates to discuss the hot nutritional topics of the day; Introduction to management of multiple trauma – Cascade events; Nutritional Requirements in trauma patients and the use of novel substrates;

## PEN Group Update

PEN Group Summer Meeting  
3rd/4th August 2009

The summer meeting was extra special this year; reflecting 25 years of the BDA PEN Group. The focus of the meeting was on education and training and on current hot topics relating to nutrition support. Presentations from the two-day meeting will be made available on the PENG website: [www.peng.org.uk](http://www.peng.org.uk) for members only.

## PEN Group Clinical Update Course 2010

The clinical update course is a seven-month course aimed at experienced dietitians working predominantly in nutritional support.

It was successfully run for the last time in its current format in July 2009, in Glasgow, with approximately 80 delegates attending. Following a rigorous process we have affiliated with Queen Margaret's University in Edinburgh to deliver the course at master's level from 2010.

The course has been revised to allow 2 exit points:

**Exit point 1 – CPD route,** as per previous clinical update courses, the form of assessment will be a written case study. On successful completion you will receive a confirmation certificate from Queen Margaret University and the PEN Group of the BDA. You have the option up to three years post course to also undertake the master's assessment.

**Exit Point 2 –** The taught element of the course is virtually the same, the mode of assessment will differ. Instead of a case study you will undertake the master's module assessment. On successful completion you will be awarded with a 15 credit masters module from Queen Margaret's University, Edinburgh.

The course will start in March, when pre-course work is sent out, and ends in September when the post-course assessment is submitted. Full details of all specific dates are detailed on the PEN Group website, and via the following link: <http://www.qmu.ac.uk/dn/default.htm> at Queen Margaret University

The residential week will be Monday 28th June – Thursday 1st July 2010 at Queen Margaret University, Edinburgh.

Cerebral Salt wasting and fluid balance in head trauma patients; Member Presentations; Nutrition in Burns patients; Practical issues: the use of feeding tubes in patients with cervical collars and facial injuries; Audit: use of NG tubes and nasal bridges inserted on patients with base of skull fractures; Wound healing and micronutrients.

**Cost:** Two-day package: Members £230; Non-members £260. Day delegate: Member £105; Non-member £135. Extra dinner ticket/guest £55

For further information, email:  
[jane.fletcher@uhb.nhs.uk](mailto:jane.fletcher@uhb.nhs.uk)

For information on the NNNG's activities visit:  
[www.nnng.org](http://www.nnng.org)

## Parenteral Nutrition Intestinal Failure

Date: **26th November 2009**

Venue: The Mount Conference Centre, 2 Woostock Link, Belfast

Topics include:

Presentation, Acute Management and Aetiology of Intestinal Failure; Biochemical Disturbances in Intestinal Failure; Nutritional Strategies for the management of Intestinal Failure; Nursing Management of Central lines; Formulation of Parenteral Nutrition; Pharmacology Management of Intestinal Failure; Long Term Follow Up of Intestinal Failure.

For further information, email:

[enquiries.ireland@fresenius-kabi.com](mailto:enquiries.ireland@fresenius-kabi.com)

## Attaining and Maintaining Standards in Clinical Nutrition Organised by Scottish Home Parenteral Nutrition Managed Clinical Network & BAPEN Scottish Region

Date: **17th December 2009**

Venue: Royal College of Physicians & Surgeons, Glasgow National (UK) Perspective: Standards in Nutritional Care; The Scottish Perspective: Standards in Nutritional Care; Radiologically inserted gastrostomy tubes; Implementation Home Enteral Tube Feeding Service; Paediatric HETF: The Edinburgh Experience; HIFNET: Standards & Implementation Plan; The management of Type II Intestinal Failure; Intestinal Failure in Paediatric Practice.

For further information, email: [janetbaxter@nhs.net](mailto:janetbaxter@nhs.net)

Tel: **01382 425697**.

To download the programme and registration form for this event, please [http://www.bapen.org.uk/ce\\_other\\_meet.html](http://www.bapen.org.uk/ce_other_meet.html) and scroll down to 'BAPEN Study Day - Attaining and Maintaining Standards in Clinical Nutrition'.

## Confused about Feeding Tubes?

A practical study day aimed at health professionals who wish to learn more about the management of patients with enteral feeding tubes.

Date: **10th December 2009**

Venue: The Christie NHS Foundation Trust

Email: [lorna.leeder@christie.nhs.uk](mailto:lorna.leeder@christie.nhs.uk)

Website: [www.christie.nhs.uk/pro/education/events](http://www.christie.nhs.uk/pro/education/events)

## North East Thames (NET) BAPEN Meeting

Date: **26th January 2010**

Venue: King's College, London

Topics include:

Refeeding Syndrome; Severe Pancreatitis – Debate – Patients Should be Fed via the Gut; BAPEN and Regional Update & Announcements; Parenteral Nutrition Associated Liver Disease, Innovation & Best Practice (see below); Presentations and Prizes; End of Life (nutritional) Care.

The innovation & best practice requires an abstract of up to 300 words, which needs submitted to the committee by 30th November 2009. The two considered the 'best' by the committee will be presented orally (10 mins + 5 mins Q & A each) and a prize of £100 given to the presentation that receives the most votes from the audience.

For further information, email: [sheena\\_visram@hotmail.com](mailto:sheena_visram@hotmail.com)

## The BSPGHAN Winter Meeting

Date: **27th – 29th January 2010**

Venue: Liverpool

Email: [administrator@bspghan.org.uk](mailto:administrator@bspghan.org.uk)

## Clinical Nutrition Week

Date: **8th – 12th February 2010**

Venue: Las Vegas, USA

Website: [www.nutritioncare.org](http://www.nutritioncare.org)

## BSG Annual Meeting

Date: **22nd – 25th March 2010**

Venue: Arena and Convention Centre, Liverpool

Website: [www.bsg.org.uk](http://www.bsg.org.uk)

## BPNG - Fundamentals of Parenteral Nutrition

Date: **29th April 2010**

Venue: Regents College, London

Website: [www.bpng.co.uk](http://www.bpng.co.uk)

## International Probiotic Conference

Date: **15th – 17th June 2010**

Venue: Kosice, Slovakia

Website: [www.probiotic-conference.net](http://www.probiotic-conference.net)

## Nutrition Society Annual Summer Meeting

Date: **28th June – 1st July 2010**

Venue: Scotland

Website: [www.nutritionssociety.org](http://www.nutritionssociety.org)

## The 4th Southern Region BAPEN Nutrition Day 'All Systems Go!'

Date: **5th July 2010**

Venue: Paultons Park, Hampshire

An overview of how a number of different organ systems can influence some aspects of nutrition support (please note focus on adult patients) This day is suitable for clinicians, pharmacists, nurses and dietitians. Topics include: Reductive Adaptation; Biochemistry; Intravenous Access; Small Bowel; Large Bowel; Lungs; Liver; Liver and Lipid PN; Kidneys; Bones; Burns; Muscles.

For further information, email: [Carol.Moody@suht.swest.nhs.uk](mailto:Carol.Moody@suht.swest.nhs.uk) or [Peter.Austin@suht.swest.nhs.uk](mailto:Peter.Austin@suht.swest.nhs.uk)

To download the programme and registration form for this event, please [http://www.bapen.org.uk/ce\\_other\\_meet.html](http://www.bapen.org.uk/ce_other_meet.html) and scroll down to the Fourth Southern Region BAPEN Nutrition Day.

## ESPEN Congress

Date: **5th – 8th September 2010**

Venue: Nice, France

Website: [www.espen.org](http://www.espen.org)

## BAPEN Conference

Date: **2nd & 3rd November 2010**

Venue: Harrogate

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

## Healthcare Events: Upcoming Conferences

Website: [http://www.bapen.org.uk/pdfs/meetings/healthcare\\_events.pdf](http://www.bapen.org.uk/pdfs/meetings/healthcare_events.pdf)

# BAPEN NEEDS YOU AND YOUR DATA...

...to continue to fight malnutrition!

Save the dates **12th-14th January 2010** and sign up for BAPEN's Nutrition Screening Week 2010

With Summer & Autumn under its belt, BAPEN's Winter NSW10 will collect seasonal data on prevalence of malnutrition on admission to care and information on nutritional care practice. BAPEN's NSW11 (planned for April 2011) will collect the data for Spring and combine these data with the other seasons to provide a more complete picture of malnutrition across the UK.

Why sign up? You will contribute to the national data set, strengthening the valuable evidence base to combat malnutrition, and receive local data back allowing you to benchmark your own data and service against the national picture.

Register by emailing the BAPEN Office [bapen@sovereignconference.co.uk](mailto:bapen@sovereignconference.co.uk) with 'Sign up for NSW10' in the subject line and providing your full contact details.

Check out previous BAPEN NSW Reports at [www.bapen.org.uk](http://www.bapen.org.uk)

BAPEN's Nutrition Screening Weeks are supported by the BDA, RCN, NPSA and all 4 UK nations.



All NSW10 documents NOW available to download from [www.bapen.org.uk/nsw10.html](http://www.bapen.org.uk/nsw10.html)

# BAPEN Contacts

## Executive Committee

### Honorary Chairman

#### Dr Mike Stroud

Tel: 0238 079 6317 • Fax: 0238 079 4945  
Email: m.a.stroud@soton.ac.uk

### Honorary Treasurer

#### Dr Simon Gabe

Tel: 020 8235 4089 • Fax: 020 8235 4001  
Email: s.gabe@imperial.ac.uk

### Honorary Secretary

#### Dr Tim Bowling

Tel: 0115 919 4427 • Fax: 0115 919 4427  
Email: tim.bowling@nuh.nhs.uk

### Executive Officers

#### Andrea Cartwright

Tel: 01268 593 112 • Fax: 01268 593 317  
Email: andrea.cartwright@btuh.nhs.uk

#### Rebecca White

Tel: 01865 741 166 bleep 4290  
Fax: 01865 221 827  
Email: rebecca.white@orh.nhs.uk

## Chairmen/ Representatives of Core Groups

### Chairman: BAPEN Medical

#### Dr Emma Greig

Tel: 01823 342 126  
Email: emma.greig@tst.nhs.uk

### Chair: BPNG

#### Jackie Eastwood

Tel: 0208 235 4094 • Fax: 0208 235 4101  
Email: jackie.eastwood@nwlh.nhs.uk

### Chair: NNNG

#### Andrea Cartwright

Tel: 01268 593 112 • Fax: 01268 593 317  
Email: Andrea.Cartwright@btuh.nhs.uk

### Chairman: PENG

#### Vera Todorovic

Tel: 01909 500 990 • Fax: 01909 502 809  
Email: vera.todorovic@dbh.nhs.uk

### Chair: PINNT

#### Carolyn Wheatley

Tel: 01202 481 625  
Email: PINNT@dsl.pipex.com

### Liaison Officer: The Nutrition Society

#### Professor Gary Frost

Tel: 020 8383 8037  
Email: g.frost@imperial.ac.uk

## To contribute to In Touch, contact:

### Chair: Communications & Liaison

#### Vera Todorovic

Tel: 01909 500 990 Ext. 2773  
Fax: 01909 502 809  
Email: vera.todorovic@dbh.nhs.uk

### In-Touch Publisher

#### Faye Eagle

Tel: 01992 538 001  
Email: faye@cm-2.co.uk

## BAPEN Office

BAPEN, Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG  
Tel: 01527 457 850 • Fax: 01527 458 718  
Email: bapen@sovereignconference.co.uk • Website: www.bapen.org.uk

## Chairmen of Standing Committees

### Chair: Communications & Liaison

#### Vera Todorovic

Tel: 01909 500 990 Ext. 2773  
Fax: 01909 502 809  
Email: vera.todorovic@dbh.nhs.uk

### Chair: Education & Training

#### Ruth Newton

Tel: 01782 552290 • Fax: 01782 552916  
Email: ruthnewton@yahoo.com

### Chairman: Research and Science

#### Dr John McLaughlin

Email: john.mclaughlin@manchester.ac.uk

### Chairman: Programmes Committee

#### Pete Turner

Tel: 0151 706 2121 • Fax: 0151 706 4638  
Email: peter.turner@rlbuht.nhs.uk

### Chairman: Regional Representatives

#### Dr Jeremy Nightingale

Tel: 0208 235 4196/4038  
Fax: 0208 235 4001  
Email: jeremy.nightingale@nwlh.nhs.uk

### Chairman: BANS

#### Dr Trevor Smith

Email: trevor.smith@rbch.nhs.uk

### Chairman: MAG

#### Professor Marinos Elia

Tel: 0238 079 4277  
Fax: 0238 079 4277 or: 0208 342 8308  
Email: elia@soton.ac.uk

### Chair: NSW

#### Christine Russell

Tel: 01327 830 012 • Fax: 01327 831 055  
E-mail: ca.russell@btinternet.com

## Other Representatives

### Liaison Officer: ESPEN

#### Dr Jon Shaffer

Tel: 0161 787 4521 • Fax: 0161 787 4690  
Email: jon.shaffer@srht.nhs.uk

### Liaison Officer: BSPGHAN

#### Dr Susan Hill

Tel: 0207 405 9200 Ext 0114  
Fax: 0207 813 8258  
Email: susan.hill@gosh.nhs.uk

### Liaison Officer: NICE

#### Dr Mike Stroud

Tel: 0238 079 6317 • Fax: 0238 079 4945  
Email: m.a.stroud@soton.ac.uk

### Chairman: UKHPN Group

#### Professor Jeremy Powell-Tuck

Tel: 0207 882 2655 • Fax: 0207 375 2103  
Email: j.powelltuck@btinternet.com

## For media enquiries, contact:

### Rhonda Smith

Tel: 01264 710 428 • Mobile: 07887 714 957  
Fax: 01264 710 768  
Email: rhonda@minervaprc.com

## Regional Representatives

### Scotland

Janet Baxter – Manager of National Managed Clinical Networks

Tel: 01382 425 697  
Email: janetbaxter@nhs.net

### Northern Ireland

Dr Sharon Madigan - Community Dietitian

Tel: 02890 944 500  
Email: sharon.madigan@ntlworld.com

### Wales

Winnie Magambo - Nutrition Nurse

Tel: 029 2074 6393  
Email: winnie.magambo@cardiffandvale.wales.nhs.uk

### North West

Dr Simon Lal - Consultant

Tel: 0151 529 8387  
Email: simon.lal@srft.nhs.uk

### North East

Barbara Davidson - Senior Dietitian

Tel: 0191 244 8358  
Email: barbara.davidson@nuth.nhs.uk

### Trent

Melanie Baker - Senior Specialist Dietitian

Tel: 0116 258 6988 or bleep 4600  
Email: melanie.baker@nhl-tr.nhs.uk

### West Midlands

Alison Fairhurst (joint rep) - Nutrition Support Dietitian

Tel: 01384 244 017 • Fax: 01384 244 017  
Email: alison.fairhurst@dgoh.nhs.uk

Sue Merrick (joint rep) - Dietitian & Team Leader for Nutrition Support

Tel: 01902 695 335 • Fax: 01902 695 630  
Email: sue.merrick@rwh-tr.nhs.uk

### Thames Valley

Marion O'Connor - Nutrition Support Dietitian

Tel: 01865 221 702/3 • Fax: 01865 741 408  
Email: marion.o'connor@orh.nhs.uk

### East Anglia

Judith McGovern - Nutrition Nurse Specialist

Tel: 01603 286 286 bleep 0554 or 01603 287 159  
Email: Judith.mcgovern@nnuh.nhs.uk

### North Thames

Dr Jeremy Nightingale MD FRCP

Consultant Gastroenterologist and General Physician  
Tel: 0208 235 4196/4038 • Fax: 0208 235 4001  
Email: jeremy.nightingale@nwlh.nhs.uk

### South Thames

Mr Rick Wilson - Director Dietetics & Nutrition

Tel: 020 3299 9000 x2811  
Email: rick.wilson@kch.nhs.uk

### South West

Dr Stephen Lewis - Consultant Gastroenterologist

Tel: 01752 517 611  
Email: sjl@doctors.org.uk

### South

Peter Austin - Senior Pharmacist

Tel: 02380 796 090 • Fax: 02380 794 344  
Email: peter.austin@suht.swest.nhs.uk

### South East

Dr Paul Kitchen - Consultant Gastroenterologist

Tel: 01634 833 838 • Fax: 01634 833 838  
Email: paul.kitchen@medway.nhs.uk

### Industry Representative

Carole Glencorse - Head of Nutritional Services

Tel: 01628 644 163 • Mob: 07818 427 905  
Fax: 01628 644 510  
Email: carole.glencorse@abbott.com