



Malnutrition Advisory Group

The highly successful launch of the Malnutrition Advisory Group (MAG) at the House of Commons was reported last summer in Issue 5 of In Touch and since then a continuous parliamentary lobbying campaign has been in progress. An Early Day Motion (EDM) has been posted at the House of Commons for the duration of the current parliamentary campaign and contains the following key points:

- malnutrition is a serious public health problem.
- up to 5000 people in each parliamentary constituency may be malnourished.
- nutritional intervention could save £1m per constituency.
- up to 40% of patients admitted to hospital are malnourished.
- in the community, 10% of post-operative, cancer and chronic disease patients are malnourished.
- parliament welcomes the formation of MAG and urges HM Government to work closely with MAG.

A similar Parliamentary Motion has also been posted in the Scottish Parliament and, very recently, in the Welsh Assembly.

At the House of Commons the EDM has 113 signatures (about 28% of MP's who can sign), whilst the Motion in Scotland has been signed by 40 MSP's (44%) and, in Wales, there are 8 subscribers (18%). A full list of the MP's who have signified their support for the Motions will soon be available on the BAPEN website.

It is very important that we obtain as many signatures as possible and that is why BAPEN members have already been encouraged to write to their MP urging them to subscribe. Elected representatives take notice of their constituents partly because they depend on them for re-election but also because MP's are much more likely to act on issues that effect their constituents.

If you are unsure who your local elected representative is, the information below should

help you identify who you need to lobby;

Members of the UK Parliament phone the Houses of Parliament on 0171 219 3000 and ask for Commons enquiries. If you give them your post code they are able to name your local MP. Alternatively, the information is located at www.locata.co.uk/commons/

Members of the Scottish Parliament phone 0131 348 5000 or on the internet go to www.scottish.parliament.uk/msps/search-msp.htm

Members of the National Assembly of Wales phone the Assembly on 01222 825 111 or contact them at www.wales.gov.uk

Members of the Northern Ireland Assembly phone the Assembly on 01232 521 333 or on the Internet www.ni-assembly.gov.uk/index.htm

If you wish you can base your letter on a standard draft which is available from the MAG Secretariat at 10th floor, 10 Cabot Square, London E14 4QB, tel 0207 546 1590.

Alternatively on the internet write to Tom.Thorpe@uk.ogilvypr.com. In any event, it would help to let the Secretariat know that you have contacted your MP.



In addition to several DoH officials, representatives of MAG have recently met the following MP's as part of the lobbying campaign;

- Julie Morgan MP, Labour MP for Cardiff North
- Margaret Smith MSP, Liberal Democrat, Convenor of the Health and Community Care Committee, Scottish Parliament
- Mary Scanlon, MSP, Conservative health spokesperson
- Kay Ullrich, MSP, SNP health spokesperson

A meeting with Yvette Cooper MP, Parliamentary Undersecretary of State for Health and the minister responsible for nutrition, has been requested.

One of the primary objectives of MAG is to produce definitive guidelines for the detection and management of malnutrition in the community. A second draft is in progress and, when ready, will be subjected to peer review before being validated in both general practice and an outpatient clinic. It is intended to launch the guidelines with a press conference at the annual BAPEN meeting at Harrogate this November.

The parliamentary lobbying campaign will then really pay dividends, with MP's who have subscribed to the EDM's being asked to follow through and encourage adoption of the guidelines in primary care.

Niall Bowen
BAPEN Communications Committee

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Salt and Water Balance

Cinderella goes to the ball



Clinical Update

Salt and water balance is an essential, though much neglected part of clinical practice. Despite the classic work of Moore, Wilkinson and a host of others in the period after World War II, the lessons have not been learnt and fluid and electrolyte management on general surgical and medical wards leaves much to be desired. There have been some recent publications in both the lay and medical press expressing concerns about the appropriateness of fluid prescriptions in some patients.

One in Five

In fact, the most recent National Confidential Enquiry into Perioperative Deaths (NCEPOD) report has recorded that 20% of the patients sampled had either poor documentation of fluid balance or had unrecognised/untreated fluid imbalance and that this could contribute to serious postoperative morbidity and mortality.

In Nottingham, stimulated by the problems of patients requiring nutritional support, we have developed a special interest in fluid and electrolyte balance and are undertaking a number of inter-related studies on the subject. The collaboration between the Section of Surgery and the Clinical Nutrition Unit started with a retrospective study (Clin Nutr 1999;18:197-201) involving patients with and without oedema referred for nutritional support in the post-acute stage of their illness.

We documented a mean decrease in weight of 10 kg before disappearance of oedema in patients given low sodium, low volume feeds. At the same time serum albumin concentrations rose by 10g/l, which we postulated to be due to reversal of dilution by previous crystalloid overload.

Changes in weight and serum albumin were not significant in non-oedematous patients. In oedematous patients receiving nutritional support, weight reduction reflects negative salt and water balance which may have beneficial effects on pulmonary and gastrointestinal function and may be a necessary preliminary to clinical progress. Although salt and water overload may, in some patients be an inevitable consequence of initial resuscitation, in others it may reflect poor understanding of fluid balance by those responsible for prescribing

intravenous fluids. Accordingly we conducted a survey of junior surgical doctors to assess their knowledge of fluid and electrolyte balance and to document current prescribing practices (Br J Surg 2000;87(S1):[In press]).

Education Needed

We found that knowledge relevant to fluid and electrolyte prescribing among surgical preregistration house officers and senior house officers is inadequate. Despite this, the responsibility for prescribing lay with the most junior member of the team in 90% of instances. Present teaching on the subject at both the undergraduate and postgraduate levels does not prepare junior doctors for the task and we feel that the education of medical students and junior doctors must emphasise the practical aspects of fluid and electrolyte management.

Professor Antonio Sitges-Serra, whose group has published some very interesting and innovative studies on the importance of the sodium and water content of nutritional prescriptions, wrote a recent editorial (Clin Nutr 1999;18:191-2) to "encourage young researchers to carry out research in the field of water and sodium metabolism..." and warned, "They should not expect much financial support from the industry though!" I have been rather fortunate to have been awarded fellowships and grants from ESPEN, the British Journal of Surgery, Nutricia Ltd., and The Intensive Care Society to enable us to bring our ideas to fruition.

Major Abdominal Surgery

We are in the process of looking at the effects of major abdominal surgery on body water compartments, serum albumin concentration and the transcapillary escape rate of albumin

using radio-isotopes. This work will be continued in the post-acute phase to determine whether the rise in serum albumin is a result of excretion of the excess accumulated extracellular water or a result of the return of the transcapillary escape rate of albumin to normal. Volunteer studies are being undertaken to determine whether infusion of a crystalloid load results in dilutional hypoalbuminaemia.

The main body of our research, however, consists of a randomised controlled trial to determine whether avoidance of sodium and water overload in post-operative patients decreases gastric emptying time and small bowel transit. Our hypothesis is that post-operative patients receive an excess of sodium and water which may have a deleterious effect on gastrointestinal function and that avoidance of this overload allows more rapid recovery of gastrointestinal function, reduces postoperative complications and may reduce postoperative hospital stay.

Cinderella has at last been recognised and is at the ball. But what will happen after the clock strikes twelve? Will she find her prince or return in rags? Surely, we can prevent the latter by paying more attention to fluid and electrolyte balance on our wards.

Hopefully national and international bodies will continue to fund research in this field on the understanding that positive outcomes will not result in commercial benefits but in better patient care and reduced costs to the health service.

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DNL is a Specialist Surgical Registrar who is presently in full time research under the supervision of Professors Brian Rowlands and Simon Allison

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Dying to Eat - "A Case of the Munchies"

This is the first of what we hope to be a series which invites comment and discussion from readers. The issues and dilemmas raised will hopefully assist others when they are faced with similar challenges.

Gastric cancer and associated anorexia is a well-recognised problem, if one undertakes a simple literature search on the medline data base hundreds of references are cited. We report on a case of an 84 year old male patient with a gastric carcinoma who presented with a short history of dysphagia and associated profound weight loss. Endoscopic examination revealed a stricture at the gastro-oesophageal junction. In addition the upper three-quarters of the stomach was replaced by tumour which was ulcerated and oozing. Histology confirmed this to be an adenocarcinoma.

Despite initial dilatation of the stricture and supplementation with high energy and protein liquid drinks the patient continued to vomit. Somewhat

surprisingly the patients main source of distress was not the nausea or vomiting but hunger, and a deep desire to eat and satiate this hunger.

We were therefore faced with the dilemma of feeding a dying patient with advanced malignant disease in which the intervention of feeding would be futile in terms of disease modification and prognosis. The necessity to provide palliation and amelioration of suffering was therefore paramount in our duty of care towards our patient.

With this dichotomy facing us we embarked upon a journey of care seeking solutions to deal with and palliate his unabated hunger.

The presentation of a man with a hunger, a symptom which is highly emotive and distressing not only to the patient but to his family and to the health care team, combined with a sense of frustration and failure on behalf of the health care team provoked considerable discussion and

empathy from the audience.

It was agreed that the symptom of hunger in patients with advanced upper GI cancer is fortunately rare but problematic when it occurs in patients with constraints on food ingestion. Suppression of appetite therefore, appeared the key to successful management of the distressing symptom. Unlike symptomatic stimulation of appetite there is little evidence base for the successful suppression of appetite.

Case Presentation: Dr A P Chilton, Specialist Registrar Gastroenterology, Walsgrave Hospital, Coventry

Comments and discussion are invited and will be published in the next newsletter. Please send them to Vera Todorovic or Ann Micklewright.

STOP PRESS • STOP PRESS

Bapen Regional Meeting - Nutrition and Fluids at the End of Life July 10 Sheffield - Details available from Ann Micklewright

Patient Packs

An information pack, 'Your Guide to Artificial Nutrition – Useful Information for Patients', is now available produced by PINNT and BAPEN.

The idea for this resource came from the patients themselves. Frequently they felt the need to ask questions about their lives and treatment as well as trying to convey information to others. Hopefully these leaflets will enable patients to explain their circumstances and need to people who may be in a position to assist them with daily care, travel or schooling.

There are two sections within the pack and, once leaflets have been used, all you need to do is ring up for extra copies.

To date we have received many calls thanking both PINNT and BAPEN for this much needed resource. Patients have found it easier to converse with lay people knowing that they have information available to support them.

Packs are free to patients and can be obtained from the address below. If you would like to purchase a set, they are available for a nominal charge of £2.50, which includes postage and packing.

Please contact: Carolyn Wheatley PINNT, PO Box 3126, Christchurch, Dorset BH23 2XS
Telephone: 01202 481626



BAPEN 2000

28th - 30th November 2000 -
Harrogate International Centre

Scientific Programme

Tuesday 28th November

BAPEN Keynote Lecture - "Clinical Governance in the Management of Disease Related Malnutrition"

BAPEN Symposium - "Nutritional Paths and Cul de Sacs - One patient's journey through a gastrointestinal ordeal"

Wednesday 29th November

BPNG Symposium "Pharmaceutical Issues of Artificial Feeding" PEN Group and NNNG joint Symposium

"Nutritional Aspects of the Oncology Patient" 2000 report from the British Artificial Nutrition Survey (BANS) Report from the Malnutrition Advisory Group (MAG)

BAPEN Multidisciplinary papers - the plenary session of the BAPEN meeting

The Nutrition Society Sir David Cuthbertson Medal Lecture

Thursday 30th November

CNMG Symposium "Evidence Based Nutrition"

PEN Group Symposium "Home Artificial Nutrition Support"

The meeting will also include individual meetings and poster sessions of the BAPEN Founder Organisations

BAPEN: www.bapen.org.uk

Sovereign Conference: www.sovereignconference.co.uk

New

Current Perspectives

on

Infants and children differ from adults in that their food intake must provide sufficient nutrients not only for the maintenance of body tissues but also for growth.

The development of intravenous amino acid and fat solutions in the 1960's resulted in the development of successful parenteral nutrition systems for small infants. However, there remain areas of uncertainty and controversy.

There is evidence to suggest that if nutritional goals are not met, then adequate growth may not occur and there will be wide variations in avoidable complications

This paper summarises current practice and highlights areas of development including: new nutrients; pharmaceutical

advances; avoidance of complications; the organisation of parenteral nutrition and the role of the Nutrition Support Team.

The document represents the views of a small, multi-disciplinary working party of professionals who are all actively involved in the management of children who receive parenteral nutrition. It is hoped that it may serve as a basis for the development of clinical service guidelines. ISBN 1 899467 40 8

Price £10/copy for UK orders and £13/copy outside of the UK including postage and packing. Available from: BAPEN, P O Box 922, Maidenhead, Berks SL6 4SH on receipt of a cheque with order. Cheque in pounds sterling and made payable to BAPEN.

4th Oxford Glutamine Workshop Sir Hans Krebs Centenary Memorial Symposium 14 & 15 September 2000

Topics

- Glutamine dipeptides in clinical nutrition
- Glutamine and brain function
- Glutamine, apoptosis and heat shock protein expression
- Glutamine and ischaemic heart disease
- Glutamine and cancer
- Glutamine for paediatrics
- Glutamine and cell-mediated immunity
- Hepatic and renal glutamine metabolism
- Drug/Glutamine interactions and pharmacokinetics
- Glutamine in stress, trauma and sepsis.

For further information, registration and abstract forms contact:

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Fax: 44 (0) 1 993 709754

E-mail: Nutrinox@aol.com

Meetings 2000 - Meetings 2000 - Meetings 2000 - Meetings 2000 - Meetings 2000

Date	Event	Venue / Contact Details
30 March	Malnutrition (undernutrition) in the UK	The British Nutrition Foundation, 52-54 High Holborn London WC1V 6RQ Institute of Child Health, 30 Guilford St, London WC1N 1EH Tel: 020 7404 6504 / Fax: 020 7404 6747 Email: postbox@nutrition.org.uk
4 April	The National Coeliac Conference	The aim of this national conference is to review diagnostic criteria, treatment and consequences of the Coeliac condition for both children and adults. Some of the UK's most eminent speakers on the Coeliac condition have agreed to speak. Fiona Brown (SRD), conference organiser, The Department of Nutrition and Dietetics, Cheltenham General Hospital, Sandford Road, Cheltenham, Gloucestershire, GL53 7AN. Tel: 01242 273460 fax: 01242274494 e-mail: fiona.brown@egnhst.org.uk
10-11 April	Macronutrient Metabolism Group Moller Centre, Cambridge	Workshop on "Protein and Amino Acid Requirements and Recommendations" The Nutrition Society, 10 Cambridge Court, 210 Shepherds Bush Road, London, W6 7NJ, UK. Telephone +44 (0)171 602 0228 Fax +44 (0)171 602 1756
25 -29 Apr	PEN Group Clinical Update 2000	Queen Margaret College, Edinburgh Contact: Jacklyn Hart, Dept of Dietetics, Astley Ainsley Hospital, 133 Grange Loan Edinburgh, EH9 2HL Tel: 0131 537 9251
24 May	INTESTINAL FAILURE A Team Approach to Nutrition	John Radcliffe Hospital Contact: Nicola Goodwin/Jo Sheppard TPN & Line Insertion Service, John Radcliffe Hospital, Headington, Oxford, OX3 9DU Tel: 01865 221653 Fax: 01865 222047 e-mail: NicolaGoodwin@tpnjrh.freeserve.co.uk
23 - 27 July	13th International Congress of Dietetics	c/o Meeting Makers, Jordanhill Campus, 76 Southbrae Drive, Glasgow G13 1PP Tel: (+44) (0)141 434 1500 Fax: +44 (0) 141 434 1519 email: dietetics@meetingmakers.co.uk
14 - 15 Sept	4th Oxford Glutamine Workshop	Sir Hans Krebs Centenary Memorial Symposium Contact: Professor Gil Hardy PhD FRSC School of Biological & Molecular Sciences, Oxford Brookes University, Oxford, OX3 0BP, UK. Tel: 44 (0) 1 865 483449 Fax: 44 (0) 1 993 709754 E-mail: Nutrinox@aol.com
28 - 30 Nov	BAPEN 2000 British Association for Parenteral and Enteral Nutrition	Harrogate International Centre BAPEN: www.bapen.org.uk Sovereign Conference: www.sovereignconference.co.uk
4-7 June	Research Group on Biochemistry & Exercise. Little Rock, Arkansas, USA	International Council of Sport Science and Physical Education (UNESCO) "Molecular Aspects of Exercise and Ageing" Further Information: Dr W. J. Evans Tel: +501-257-2503; Fax: +501- 257-2501; E.mail: evanswilliamj@exchange.uams.edu
10 -13 Sept	European Society for Parenteral and Enteral Nutrition	Palacio Municipal de Congresos, Madrid. ESPEN 2000 c/o MCI Congress, Rue de Lyon 75 CH 1211, Geneva 13 - Switzerland Tel +41 22 33 44 580 Fax +41 22 33 99 621 email: espen@mcigroup.com
10-13 Sept	European Society of Intensive Care Medicine	International Congress Centre, Berlin, Germany. Contact: Joseph Wybran European Society of Intensive Care Medicine, 40 Avenue B-1070 Brussels