

THE 'MUST' REPORT

Nutritional screening of adults:
A multidisciplinary responsibility

10 KEY POINTS

1. Malnutrition, used here to mean under-nutrition, affects at least 2 million people in the UK, detrimentally affecting their health, wellbeing, and ability to work.
2. Malnutrition is under-recognised and under-treated. It leads to disease, delays recovery, increases visits to GP and increases the frequency and length of hospital stay.
3. Nutritional care would improve with adoption of a screening tool which could detect malnutrition and guide action in all care settings.
4. 'MUST' can detect over-nutrition (overweight and obesity) as well as under-nutrition and is linked to a flexible care plan, which varies according to healthcare setting, patient group, and local resources.
5. Such a tool has been developed by the Malnutrition Advisory Group (MAG) of BAPEN. It is called the 'Malnutrition Universal Screening Tool' ('MUST') to indicate that it can be applied to all types of adult patients in all care settings.
6. 'MUST' is valid, reliable, and easy to use, and, with cautious interpretation, can be applied to all adult patients, even those who cannot have their weight or height measured, who have fluid disturbances, amputations, plaster casts, or who are pregnant and lactating.
7. 'MUST' has been made user friendly through extensive field testing by a wide range of professionals in different health care settings.
8. 'MUST' promotes multidisciplinary care and responsibility, with consequent improvements in clinical outcome.
9. 'MUST' could be appropriately used to implement the nutritional screening that is recommended or required by key initiatives in the UK, such as the National Framework for Older people, Essence of Care, Care Homes for Older People (Care Standards Act), and Food, Fluid and Nutritional Care in Hospitals (Scotland).
10. 'MUST' would be most effective if deployed in a healthcare system that prioritised nutrition strategies, training, and implementation.