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MALNUTRITION – A PUBLIC HEALTH ISSUE

Doctors and nurses in hospital cannot tackle malnutrition on their own. It must be tackled where it starts – in the Community – where 1 in 8 older people are affected¹

“Malnutrition (under-nutrition) is under-recognised and often goes un-treated especially in the Community,” says Christine Russell, Chair of the *Malnutrition in the Community* symposium at the BAPEN Conference today (Thursday 2nd November) and Honorary Treasurer of the Charity.

“Malnutrition does not happen overnight when individuals, especially older people, are admitted to hospital where the problem is most likely to be recognised and addressed. Malnutrition can take weeks, even months, to develop and is usually caused by a number of underlying social and medical factors from disease to social isolation, poverty to limited transport,” continues Russell.

“BAPEN, with other agencies, has called on Government² to provide leadership, co-ordination and resources for training to be provided for professionals and the public so that malnutrition can be addressed effectively.”

All agencies providing support and services to older people – from lunch clubs to personal care, sheltered housing to day centres - must work together to raise awareness in the healthcare community of the causes, effects and consequences of malnutrition and how it can be best addressed.³

“Older people and their families must also be made aware of this public health issue as many will be ignorant of and susceptible to malnutrition,” confirms Imogen Parry, Director of Policy for ERoSH.⁴ “A good place to start would be the two-thirds of a million older people who currently live in sheltered and retirement housing, many of whom are old and frail due to demographic trends and community care.

Staff within these housing settings are ready and willing to support training and activity to improve awareness and understanding of malnutrition and work together with residents to address the issue.”

Screening for malnutrition on admission to hospital and into care is now accepted ‘best practice’ based on research, led by BAPEN,⁵ in guidance from NICE (National Institute of Health and Clinical Excellence)⁶ and embedded in National Minimum Standards.⁷ Progress is being made in implementing screening across Hospital Trusts and care homes

¹ The ‘MUST’ Report, BAPEN, 2003

² Malnutrition among Older People in the Community, BAPEN/ILC-UK, London, May 2006

³ Malnutrition among Older People in the Community, BAPEN/ILC-UK, London, May 2006

⁴ ERoSH – Emerging Role of Sheltered Housing, a national charity raising awareness of sheltered & retirement housing

⁵ The ‘MUST’ Report, BAPEN 2003

⁶ Nutrition Support for Adults, NICE, 2006

⁷ National Minimum Standards– Care Homes for Older People (2001) Department of Health.

resulting in more, mainly older people, being identified as already clinically malnourished or at risk of malnutrition. Such identification enables an appropriate care plan to be instigated, based on individual need and local policy.

The Community also needs a policy framework, specific guidance and tailored resources to challenge the incidence of malnutrition.

“BAPEN is currently in discussion with the sheltered housing sector, catering providers and older people’s organisations to investigate the development of such a framework and appropriate resources for professionals and consumers,” continues Russell. “The needs of particularly vulnerable groups such as those living with dementia at home with their carers will also be discussed.

BAPEN will also be calling on Government again to discuss effective policies and practice.”

“If the poor nutritional status of identified individuals is addressed where it starts, in the community, there will be a positive impact on the well-being and health outcomes of older people, particularly those who find themselves coping with trauma, illness and hospital stays,” concludes Christine Russell.

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For further information please contact:

Rhonda Smith +44 (0) 1264 710428
rhonda@minervaprc.com +44 (0) 7887 714957

Lizzie Smith +44 (0) 1264 710428
lizzie@minervaprc.com +44 (0) 7766 467535

Interviews available – contact as above:

- **Christine Russell (BAPEN)**
- **Imogen Parry (EROSH)**
- **Penny Hibberd (for dementia)**

What is BAPEN?

The British Association for Parenteral and Enteral Nutrition is a multi-professional association and registered charity. Established in 1992, BAPEN is committed to improving nutritional care and treatment in hospital, care and the community.

What are BAPEN’s objectives?

- Increase awareness of and enhance understanding and management of malnutrition
- Establish a clinical governance framework to underpin the nutritional management of all patients, residents and individuals
- Enhance knowledge and skills in clinical nutrition and nutritional care and treatment for doctors, nurses, dietitians, pharmacists and patients through education & training
- Communicate the benefits of clinical and cost-effective optimal nutritional care to all healthcare professionals, policy makers, patients and the public

Who are Members?

BAPEN meets the needs and interests of doctors, specialist clinicians, pharmacists, dietitians, nurses, care managers and professionals, academics, patients, researchers, public health & policy advisers, service and support providers and commercial organisations with an interest in nutrition and nutritional support.

What activities & projects are run by BAPEN?

- Annual Conference & Regional meetings
- BANS - British Artificial Nutrition Survey
- ‘MUST’ Malnutrition Universal Screening Tool & its implementation
- MAG – Malnutrition Advisory Group
- NICE and intercollegiate liaison
- Training courses & materials
- Newsletter, Reports, Website

BAPEN Conference

The BAPEN Conference is being held at the Brighton Hilton Metropole Hotel on the 1st & 2nd November 2006 attended by 500 doctors, nurses, dietitians, pharmacists, policy makers, community and care professionals and representatives from industry.

www.bapen.org.uk