



Issued: Monday, 11th May 2009 **EMBARGOED until 00.01am Tuesday 12th May 2009**

1 IN 8 TENANTS IN SHELTERED HOUSING AT RISK OF MALNUTRITION REVEALS NEW REPORT

A new Report from GNASH (Group on Nutrition and Sheltered Housing) led by BAPEN has established that 14% (c. 1 in 8) of tenants in sheltered housing in England are at risk of malnutrition, with 9% at high risk. The GNASH Report *Screening for Malnutrition in Sheltered Housing* was launched today (Tuesday 12th May 2009) at the House of Commons at a Reception hosted by Paul Burstow MP.

Based on a population of 700,000 of tenants in sheltered housing in England, it is estimated therefore that, at any one time, *there are more individuals at risk of malnutrition in sheltered housing than there are in hospital.*¹

Professor Marinos Elia, Chair of GNASH and of BAPEN's Malnutrition Action Group comments: "The findings from the project confirm that malnutrition is common among this population group, and re-confirms that most malnutrition starts in the community.

Working with the GNASH members from the sheltered housing sector has provided us with an opportunity to not only establish prevalence but also to investigate ways to raise awareness and address malnutrition in partnership with scheme managers and tenants."

The GNASH study of 355 tenants in 17 sheltered housing schemes in the North and South of England established that both scheme managers and tenants preferred using BAPEN's 'MUST' (Malnutrition Universal Screening Tool)² to establish risk of malnutrition rather than a questionnaire which had been developed for the purpose. The 'MUST' was reported to be quick and easy to use.

"Identifying tenants as being at risk of malnutrition is only part of the story," continues Professor Elia. "It must be linked to an appropriate action and care plan for those at risk."

Imogen Parry, member of GNASH and Director of Policy of ERoSH³, adds: "The GNASH project and Report reveals the large number of tenants in sheltered housing potentially at risk of malnutrition and has helped focus sheltered housing providers' attention on the issue. Now we must ensure that action is taken to address this issue effectively.

I am also pleased to have worked with colleagues in GNASH and CSHS⁴ to produce a Good Practice Guide for scheme managers⁵ to help them manage the problem."

Professor Elia concludes: "As the large sheltered housing population tends to be older and potentially more susceptible to malnutrition, finding ways to raise awareness of malnutrition and its impact on quality of life and how it may be addressed will make a very useful contribution to combating malnutrition where much of it starts – in the community."

ENDS/

Members of GNASH are BAPEN, ERoSH (Essential Role of Sheltered Housing), NACC (National Association of Care Catering), Nutricia (UK) Ltd, Accent Group, Central Westminster Community Care Services, Harrogate Neighbours, Richmond Housing Partnership and Westminster Housing & Care. In addition, Home Group and Invicta participated in the project.

Further Media enquiries: Rhonda Smith Minerva PRC Ltd +44 (0) 7887-714957
Marc Catchpole Minerva PRC Ltd +44 (0) 1264-710428 +44(0) 7753 821525 info@minervaprc.com

Professor Marinos Elia and Imogen Parry available for interview – call mobile numbers as above to arrange. Key Points and Executive Summary follow. PDF of full Report available on request.

¹ 57,000 estimated 'malnourished' hospital in-patients at any one time cf. with 73,500 'malnourished' in sheltered housing

² BAPEN's 'MUST' can be accessed at www.bapen.org.uk

³ ERoSH Essential Role of Sheltered Housing www.shelteredhousing.org

⁴ CSHS www.cshs.org.uk

⁵ Centre for Sheltered Housing Studies (CSHS) Good Practice Guide, *Addressing Malnutrition*. Issue No 9, 2009

Screening for Malnutrition in Sheltered Housing

Key Points

- Nutritional problems are common among tenants of sheltered housing in England.
- The 'Malnutrition Universal Screening Tool' ('MUST') identified 14% of tenants as 'malnourished' (medium + high risk) and 24% as obese.
- At any one time, malnutrition is estimated to affect as many if not more people in sheltered housing than in hospital.
- Nutritional screening can be used to identify those at risk of malnutrition so that appropriate action can be taken.
- More tenants and scheme managers of sheltered housing preferred to use 'MUST' rather than a questionnaire to detect malnutrition risk.
- There is a need to raise awareness of the problem of malnutrition in sheltered housing and to provide education and training to identify and manage those at risk.

Executive summary

1. The 'Malnutrition Universal Screening Tool' ('MUST') was used to identify malnutrition risk in tenants of sheltered housing in the northern and southern parts of England. The overall age of the 335 tenants studied was 79.3 ± 8.6 (sd) years, with women being significantly older than men (80.6 ± 8.3 years versus 76.7 ± 8.6 years). Three quarters of the tenants had at least one medical condition.
2. Malnutrition' ('MUST' medium + high risk) was found to be present in 14% of the residents (9% high risk and 5% moderate risk). A body mass index (BMI) of less than 20 kg/m^2 was present in 62% of those with 'malnutrition' and 9% in the population as a whole. A BMI of over 30 kg/m^2 was present in 24% of the tenants.
3. 'Malnutrition' tended to be more common in older residents, in women who were older than men, and in those who had lived in sheltered housing for longer, but the differences were not significant.
4. Attempts to use a questionnaire to predict malnutrition risk and to correlate with 'MUST' met with limited success. The most useful indicators were current appetite, change in appetite, weight loss, and general appearance (assessed by the scheme manager). The last two indicators were more influential in predicting the 'MUST' classification than the first two.
5. Use of self-reported height or weight, instead of measurements of weight and height to establish BMI category, misclassified only a small proportion of subjects. With the original 'MUST' as reference (using measured weight and height), the following sensitivities and specificities were established: for self reported height and measured weight, 96% and 96% respectively; for self reported weight and measured height, 93% and 96%; and for self reported height and weight, 95% and 91%. The results were better than those obtained using the questionnaire.
6. When scheme managers were asked to indicate their preference for using a questionnaire without measurements of weight and height, or 'MUST' which involved measurements of weight and height, two thirds preferred to use 'MUST'. Most tenants had no preference but amongst those that did, most also preferred 'MUST'. Scheme managers found the application of 'MUST' to all tenants as easy or very easy.
7. Nutritional screening is an easy procedure that should be used to identify both malnutrition and obesity in sheltered housing. More objective measurements and criteria, such as those incorporated in 'MUST', are preferable to less reproducible, subjective criteria. Identification of malnutrition or risk of malnutrition needs to be linked to an appropriate action plan. A good practice guide for addressing malnutrition in sheltered housing is now available.