

## Malnutrition and Nutritional Care of COVID-19 Patients in the Community during the first wave of the pandemic

### A summary of the BAPEN Community COVID-19 Survey of Health Care Professionals

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BAPEN undertook a community survey of health care professionals (HCPs) to better understand the nutritional care and challenges of patients with COVID 19 in the community during the first wave of the virus. The survey was undertaken via SurveyMonkey from 29<sup>th</sup> May – 17<sup>th</sup> June 2020 with 119 HCPs responding from across the UK (England 84%; Scotland 8%; Wales 4%; Northern Ireland 4%). The majority of respondents were dietitians (94%), mostly based in the community (+/-hospital) (60%). Responses relate to HCP's experiences and observations during the first wave of COVID-19 in the UK.

### Key findings

#### Malnutrition and nutrition-related symptoms

- The most frequent symptoms ('always' and 'mostly' seen) were poor appetite (82%), weakness/muscle wasting (79%) and significant weight loss (59%).
- Other common, but less frequently observed, symptoms were taste and smell changes (41%), GI disturbances (29%) and dysphagia (19%). Anxiety and depression (38%) and prolonged hypermetabolism (41%) were also noted.
- The most common estimate of the proportion of patients recovering from COVID-19 at risk of malnutrition was up to 50% (chosen by 40% of those surveyed), with 23% estimating up to ~ 75% and 17% estimating it to be ~ 25%.

#### Identifying malnutrition risk

- 'MUST' was the most common tool used to screen for malnutrition risk (58%)
- Recalled values for weight and height were often used (36% and 50% respectively).
- 31% stated that their organisation had suspended routine screening with 16% assuming all COVID-19 patients were at risk of malnutrition
- Around one third encouraged some or all of their patients to self-screen using 'MUST'

#### Barriers to delivering good nutrition

- The most frequently rated barriers ('always' and 'mostly' seen) were being 'unable to screen for malnutrition' (38%), 'unable to assess food intake' (27%), and 'patients not being supported to eat or drink' (24%).
- Less frequently observed barriers ('never' or 'rarely' a barrier in >50% of responders) were lack of nutritional care guidelines for COVID-19, lack of access to PPE, lack of dietetic resource, unable to access appropriate nutrition support and nasogastric tube positioning issues.

## Nutritional strategies

- Food-based strategies that were commonly used (% of responders 'always' or 'mostly' using) included food fortification (67%), nutrient dense foods (73%) and food snacks (73%).
- Oral nutritional supplements (ready to drink) were 'always' or 'mostly' used by 49%.
- The most commonly used ONS were 'ready to drink compact style' (42%) and 'ready to drink high protein' (37%). Powder ONS were less commonly used (21%).
- Tube feeding was less commonly used by responders of the survey (~6% 'always' or 'mostly', 21% 'sometimes' and ~73% 'rarely' or 'never').
- Placement of nasogastric and nasojejunal tubes were classified as aerosol generating by the majority (66%) of organisations represented by respondents in the survey.

## Nutritional pathways and community care

- Nutritional care was mostly delivered virtually via the telephone (66%), video (29%) and virtual clinics (16%).
- A large majority (95%) confirmed that community oral nutritional support was important for those discharged from hospital after an ITU admission.
- Just over one third felt that patients with COVID-19 were referred to community dietetics ('always or mostly' 37%).
- Only 50% could confirm that patients were receiving the nutritional support that was recommended on discharge from hospital.
- More than half of responders had used the Malnutrition Pathway resources for COVID-19; 12% had developed and used local nutritional information

*A full publication will follow that will include the complete results from this survey.*

## Acknowledgements

We would like to thank all those who completed the survey and for all members of the BAPEN Executive and Council for their help in creating the survey.

## Potential Conflict of Interest

R J Stratton and A L Cawood (Danone Specialised Nutrition); E R Walters and T R Smith (No Conflicts)