

Malnutrition: Balancing Disease-Related and Psychosocial Aspects of Nutritional Care

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At BAPEN, our aim is to improve the identification and treatment of disease-related malnutrition across health and social care settings in the UK.

Malnutrition remains a significant public health concern in the UK, with over 3 million people in the UK, mostly in the community, estimated to be malnourished or at risk of malnutrition⁽¹⁾. It is complex, influenced not only by clinical conditions but also by psychological, social and environmental factors. Healthcare costs relating to malnutrition are in excess of £20 billion per year⁽²⁾; it is associated with increased hospital admissions, longer stays and delayed recovery. Children, older adults, individuals with long-term conditions, and those recently discharged from hospital are particularly vulnerable.

The development of malnutrition is closely linked to socioeconomic deprivation. According to the latest data from the Office for National Statistics, individuals living in the most deprived areas of England experience significantly worse health outcomes, including higher rates of disability and poorer self-reported health⁽³⁾. Financial pressures can limit access to nutritious food, heating, and healthcare, all representing factors that are important in maintaining good nutritional status⁽³⁾.

While BAPEN's primary focus remains on disease-related malnutrition, where clinical conditions directly impact nutritional status, we acknowledge that social isolation, poverty, mental health challenges, and other psychosocial factors can significantly impact nutritional status and outcomes. Our position aligns with the NHS 10 year Health Plan⁽⁴⁾, which emphasises the importance of integrated care systems and prevention-focused approaches to improve health outcomes and reduce health inequalities.

Addressing malnutrition through early detection, evidence-based interventions, and collaboration across healthcare providers supports the vision for a sustainable and patient-centred healthcare system. We encourage healthcare professionals to adopt a holistic approach to the management of disease related malnutrition and recommend the following:

Screen for malnutrition risk:

- Use validated nutrition screening tools like 'MUST' to identify those at risk, and repeat assessments according to national and local guidelines.

Assessment:

- **Explore psychosocial and physiological factors:** Ask about appetite, mood, isolation, financial constraints, and access to food, in addition to assessing clinical conditions and anthropometry.

Care planning:

- **Collaboration across disciplines:** Work with dietitians, social workers, mental health professionals, and community support services to develop integrated care plans.
- **Tailor interventions:** Consider not just the medical condition, but also the person's living situation, support network, and preferences when planning nutritional care.
- **Educate and empower:** Provide patients and carers with practical advice and resources to support nutritional wellbeing at home.

Monitoring and review:

- Ensure continuity of care across settings, especially during transitions such as hospital discharge.

BAPEN continues to lead in clinical education, research, and policy development focused on disease-related malnutrition, while supporting collaborative approaches that integrate social care, mental health, and community support into nutritional care pathways. We aim to ensure that all individuals receive the care they need to achieve the best possible nutritional outcomes.

References

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