

Newsletter Supplement:

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Prescribing Support Dietitians: Managing Malnutrition Together

Malnutrition is a major public health issue, most prevalent in the community setting and affecting 29% of patients admitted to hospitals throughout Northern Ireland.

The overall cost to healthcare of managing malnutrition is double that spent managing obesity / overweight patients. **In Northern Ireland, the associated healthcare costs of malnutrition from June 2016 to May 2017 were almost £22 million.** In fact, cost per patient in Northern Ireland is **double the spend** when compared with England, Scotland and Wales.

With regard to **oral nutritional supplements, over the last financial year, Northern Ireland spent almost £9,000,000 on NHS prescriptions.**

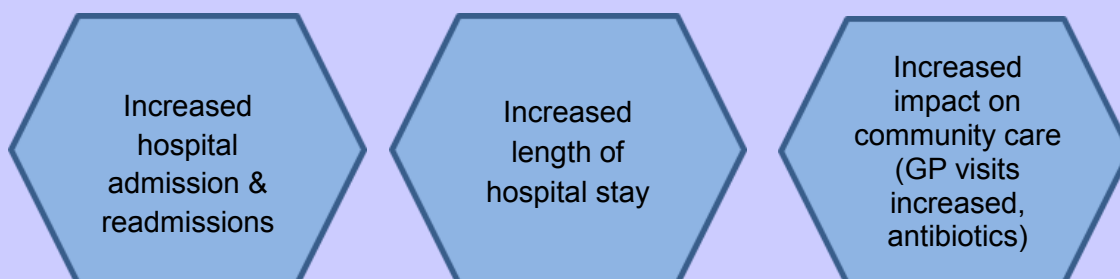
In order to support safe, appropriate and cost-effective prescribing of oral nutritional supplements a new team of prescribing support dietitians are now in post working directly with GP practices, care homes and nursing homes throughout Northern Ireland. Patients who are currently prescribed ONS and who are **not** already under the care of a dietitian will be selected for review, in conjunction with their GP.

Previous work undertaken through medicines management dietetic assessment has shown positive patient outcomes. 94% of patients maintained or increased their BMI at 8 weeks, whilst oral nutritional supplements were discontinued or changed to a more cost effective preparation, where appropriate. This resulted in significant cost savings of **£1.9 million** between 2013 and 2015.

Managing Malnutrition

Malnutrition and loss of muscle mass leads to increased morbidity, coupled with a reduction in quality of life. At any point in time, more than 3 million people in the UK are at risk of malnutrition, most (93%) live in the community. Despite robust evidence highlighting the positive health outcomes in the management of malnutrition, it remains largely unrecognised and untreated. The healthcare cost associated with managing individuals with malnutrition is more than twice that of managing the non-malnourished individual.

Risks Associated With Malnutrition



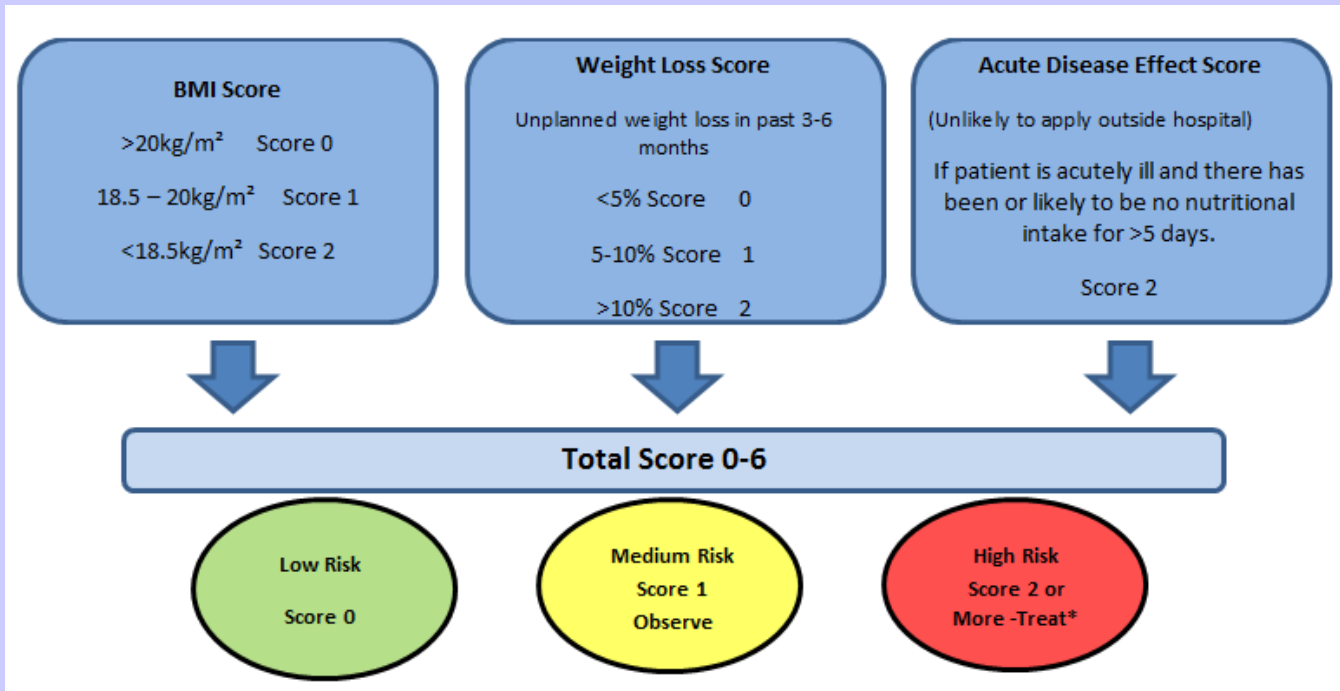
NICE Clinical Guideline on *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition* ([CG32](#)) have shown the substantial cost savings that can result from identifying and treating malnutrition. NICE CG32 is ranked 3rd in the top clinical guidelines shown to produce savings.

Screening is a MUST

In order to ensure the appropriate prescribing of adult oral nutritional supplements (ONS) please see the 'Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements'. This document can be found within the Northern Ireland Formulary <http://niformulary.hscni.net/Formulary/Adult/9.0/9.4/Pages/default.aspx>.

Step 1: Identify nutritional risk

Malnutrition can be identified using a validated screening tool such as the 'Malnutrition Universal Screening Tool' MUST <http://www.bapen.org.uk/>.



Step 2: Look for underlying causes of malnutrition

This may be due to physical issues, medical conditions, environmental factors or a combination of these elements. Some patients may require referral to other services for further assessment and treatment.

Action for prescribers: Dysphagia patients should be assessed by speech and language therapists before prescribing thickeners or thickened products. Thickeners and thickened oral nutritional supplements are outside the remit of this guidance.

Step 3: Setting goals

Aim to make goals both realistic and measurable, identifying an end point of treatment. See 7 Steps Guidance for helping to set goals <http://niformulary.hscni.net/Formulary/Adult/9.0/9.4/Pages/default.aspx>.

Step 4: Dietary advice to optimise oral intake: 'Food First'

A 'food first' approach of a fortified diet should be used for 2 to 3 months for patients with a MUST score of 1, prior to the prescribing of oral nutritional supplements. The 'small, frequent meal' approach should be encouraged with the use of everyday foods being added (e.g. full fat milk, butter, cream, cheese) to meals and snacks. This will significantly increase the calorie and protein content of the diet without increasing the quantity of food consumed.

Over the counter powdered oral nutritional supplements can be purchased from pharmacies and large supermarkets. These products can be suggested to patients who do not meet ACBS criteria or those who do not wish to make their own nourishing home-made milkshakes.

Action for prescribers: Prescribers should promote the food first approach to appropriate patients. Patient information leaflet on food first advice can be found on the following link <http://niformulary.hscni.net/Formulary/Adult/PDF/ONS%20guidance%20Web.pdf>.

Step 5: Prescribing Oral Nutritional Supplements

Consider prescribing 2 x oral nutritional supplements (ONS) per day (600 to 800 kcal) if food first dietary advice has been maximised for 4 weeks and is not meeting the nutritional requirements of the patient **AND** the patient meets ACBS requirements outlined in the table below.

ACBS Categories

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| <ul style="list-style-type: none"> • Short bowel syndrome • Proven Inflammatory Bowel Disease • Bowels fistulae | <ul style="list-style-type: none"> • Following total gastrectomy • CAPD or Haemodialysis • Pre-op preparation of undernourished patients | <ul style="list-style-type: none"> • Intractable malabsorption • Disease related malnutrition • Dysphagia |
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Further information can be found on the Northern Ireland formulary <http://niformulary.hscni.net/Formulary/Adult/9.0/9.4/Pages/default.aspx> for first choice recommendation on ready-made oral nutritional supplements.

Action for prescribers:

- Avoid prescribing one bottle/sachet per day as this provides ~300-330kcal and can be easily met with 'food first' advice.
- Remind patients that ONS should **NOT** be used as a meal replacement (unless advised by a dietitian, e.g. patient requiring a liquid diet).
- Avoid 'repeat' prescriptions where possible – set goals and targets for use of ONS and review these regularly.
- Prescribe specific flavours. Avoid repeat scripts for 'mixed flavours' and 'starter packs' as these are less cost effective.

Cost Effective Choices

Powdered oral nutritional supplements are the most cost effective choice in primary care. These products are approximately **50% cheaper** than a ready-made oral nutritional supplement. The recommended dose is one sachet mixed with 200ml full cream milk twice daily. Starter packs should be prescribed for an initial trial only or when the shaker needs to be replaced.

Northern Ireland Formulary Choices			
Product	Presentation	Nutritional Content per sachet made with 200mls full fat milk	Cost per serving
Foodlink [®] Complete	57g sachet Available as 1 box 7x57g sachets of one flavour, Vanilla (with added fibre), Banana, Strawberry, Chocolate and Neutral	385kcal 18.5g protein	61p (15.8p per 100kcal)
AYMES [®] Shake	57g sachet Available as 1 box 7x57g sachets of one flavour, Vanilla, Banana, Strawberry, Chocolate and Neutral	388kcal 15.7g protein	70p (18p per 100kcal)

Prescribing notes:

- Powdered oral nutritional supplements are not suitable as a sole source of nutrition.
- Powdered ONS is the next step after food fortification in a 'food first' approach.
- Use with caution in chronic kidney disease (CKD) stage 3 patient with hyperkalaemia, use under guidance of a dietitian in CKD stage 4 and 5.
- Unsuitable for those with lactose intolerance.

Step 6 and 7: Reviewing and Discontinuing Oral Nutritional Supplements

Discontinue ONS when adequate oral intake is established, targets are achieved and the individual is stable and is no longer at risk of malnutrition. Further information can be found on the suggested '7 steps' document <http://niformulary.hscni.net/Formulary/Adult/PDF/ONS%20guidance%20Web.pdf>.

Regional Prescribing Support Dietetic Team

The Medicines Management team has been expanded to include a team of prescribing support dietitians. The team aim to improve the quality of nutritional care across a number of different care settings as well as streamlining cost-effective prescribing.

The prescribing support assistant will attend the practice in order to identify patients that are currently prescribed an oral nutritional supplement and who are not already under the care of a dietitian.

Each of the prescribing support dietitians will undertake a thorough nutritional assessment, providing a holistic patient centred approach when delivering nutritional information in addition to providing support to both carers and family members. Nutritional advice will often be supported with written dietary literature together with a meal plan.

In addition, the team will be visiting nursing and care homes. Together with carrying out individual nutritional assessment, the team will be delivering interactive training to staff. This training will focus on the identification and appropriate management of malnourished patients.

The service is open to all practices across Northern Ireland. If you would like further information or for the prescribing support dietitian to attend your practice, please do not hesitate to speak to your local pharmacy adviser.

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