

BETTER CARE THROUGH BETTER NUTRITION

MEDICAL FOODS – A VALUABLE SOLUTION WE CANNOT AFFORD TO IGNORE

WHAT ARE MEDICAL FOODS?



Specialised foods designed to meet the nutritional needs of patients who cannot receive adequate nutritional intake by normal foods alone due to a disease, disorder or medical condition.



Includes oral nutritional supplements (ONS), enteral tube feeds, metabolic products and thickeners.



Can supplement or be used as the sole source of nutrition.



Used under the supervision of a healthcare professional.



Used by all age groups from neonates to the elderly.



Can vary in the duration of use, from short- to long-term, and even lifelong use.

The value of Oral Nutritional Supplements (ONS) vs routine care



Improve energy, protein and micronutrient intakes⁸



Improve functional outcomes, including improved muscle strength, fewer falls, better mobility and improved quality of life^{9,10}



Reduce healthcare use, e.g. fewer admissions to hospital, fewer GP visits, shorter hospital stays^{11,12,13}



Significant **reduction in hospital re-admissions**^{11,13}

The value of Enteral Tube Feeding vs routine care



Reduction in complication rates in hospital patients¹⁴



Allows a **safe discharge** from hospital, with 47,000 tube fed patients living independently at home in the UK



Improved body weight and muscle mass in the community¹⁵



Improves patients' **quality of life**¹⁶

Malnutrition is a PRIORITY for EVERYONE



3 Million

Malnutrition affects **3 million people in the UK**¹, including 56% of individuals at risk in their own homes, 55% at risk in care homes and 44% at risk in hospital settings.²

£19.6bn

Malnutrition is extremely costly, estimated to cost at least **£19.6 billion in England alone**.³

3x

It **costs 3x more to treat a malnourished patient** than a non-malnourished patient.⁴

Increased risk

Malnourished patients are 3x more at **risk of infection**, more likely to develop **pressure ulcers** and **increased morbidity**.⁵

ONS

ONS provide an **evidence based, cost-effective solution** to tackling malnutrition.^{6,7}

Solutions to tackle Malnutrition

Greater **awareness** and prompt **identification** of malnutrition

Mandatory **screening** for patients in primary care and on admission to hospital

Nutrition and dietetic **expertise** and resources

The use of **medical nutrition interventions** to be embedded into the care of individuals in primary care and on admission to hospital

[1] Stratton RJ, Smith T, and Gabe S. Managing malnutrition to improve lives and save money. BAPEN, 2018. Available from: <https://www.bapen.org.uk/resources-and-education/publications-and-reports/malnutrition> (Oct 2024) [2] Stratton RJ, Cawood AL, Anderson L et al. (2023) Malnutrition and Nutritional Care Survey in Adults. Malnutrition Action Group. Letchworth: British Association for Parenteral and Enteral Nutrition. [3] Elia M (2015) The cost of Malnutrition in England and Potential Cost Savings from Nutritional Interventions. A Report from the Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. Redditch, UK.: BAPEN. [4] Stratton, RJ. (2024). Managing malnutrition and multimorbidity in primary care: dietary approaches to reduce treatment burden. The Proceedings of the Nutrition Society. 1-24. 10.1017/S0029665124004695. [5] Cawood AL, Burden ST, Smith T et al. (2023) A systematic review and meta-analysis of the effects of community use of oral nutritional supplements on clinical outcomes. *Ageing Res Rev* 88, 101953. [6] Parsons EL, Stratton RJ, Cawood AL et al. (2017) Oral nutritional supplements in a randomised trial are more effective than dietary advice at improving quality of life in malnourished care home residents. *Clin Nutr* 36, 134–142. [7] Elia M, Parsons EL, Cawood AL et al. (2018) Costeffectiveness of oral nutritional supplements in older MALNOURISHED care home residents. *Clin Nutr* 37, 651–658. [8] Stratton RJ, Green CJ & Elia M (2003) Disease-Related Malnutrition: An Evidence Based Approach to Treatment. Oxford: CABI Publishing [9] Cawood AL, Elia M & Stratton RJ (2012) Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. *Ageing Res Rev* 11, 278–296. [10] Cereda E, Pisati R, Rondanelli M et al. (2022) Whey protein, leucine- and vitamin-D-enriched oral nutritional supplementation for the treatment of sarcopenia. *Nutrients* 14, 1524. [11] Elia M, Normand C, Laviano A et al. (2016) A systematic review of the cost and cost effectiveness of using standard oral nutritional supplements in community and care home settings. *Clin Nutr* 35, 125–137. [12] Elia M, Normand C, Norman K et al. (2016) A systematic review of the cost and cost effectiveness of using standard oral nutritional supplements in the hospital setting. *Clin Nutr* 35, 370–380. [13] Stratton RJ, Hebuterne X & Elia M (2013) A systematic review and meta-analysis of the impact of oral nutritional supplements on hospital readmissions. *Ageing Res Rev* 12, 884–897. [14] Adeyinka A, Rouster AS, Valentine M. Enteric Feedings. [Updated 2022 Dec 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532876/> [15] Gao X, Zhang Y, Zhang L, Liu S, Liu H, Zhou D, Li J, Wang X. Effect of Home Enteral Nutrition on Nutritional Status, Body Composition and Quality of Life in Patients With Malnourished Intestinal Failure. *Front Nutr*. 2021 Jul 1;8:643907. doi: 10.3389/fnut.2021.643907. PMID: 34277678; PMCID: PMC8281236. [16] Ojo O, Keaveney E, Wang XH, Feng P. The Effect of Enteral Tube Feeding on Patients' Health-Related Quality of Life: A Systematic Review. *Nutrients*. 2019 May 10;11(5):1046. doi: 10.3390/nu11051046. PMID: 31083338; PMCID: PMC6566785.