

CHOOSING THE APPROPRIATE ORAL NUTRITIONAL SUPPLEMENT (ONS) – POWDER VS LIQUID

What patients' particular clinical circumstances necessitate

ORAL NUTRITIONAL SUPPLEMENTS

The NICE Guideline on Nutrition Support in Adults (CG32),¹ and the NICE Quality Standard on Nutrition Support in Adults (QS24)² both refer to the role of ONS* in patient treatment. They recognise that ONS are a clinically and cost effective way to manage disease-related malnutrition when food alone, however nutritious, is not sufficient to meet a patient's dietary needs.

ONS are available in two different forms – powders (which are made-up to form a liquid) or ready-made liquids. The decision on which form to prescribe is an important one and should be carefully considered. Both have their advantage, but ultimately the decision on which is the best option should come down to the specific clinical circumstances and requirements of the patient; there is no blanket approach to this. Choosing the right product should aid adherence and compliance, and thus lead to improved health outcomes.

*Oral nutritional supplements (ONS), sometimes referred to as sip feeds, are typically a liquid drink with a mix of macronutrients (protein, fat and carbohydrate) and micronutrients (vitamins, minerals and trace elements). Similar to enteral feeds, most ONS are classified as Food for Special Medical Purposes (FSMPs) and are regulated at European level by Commission Delegated Regulation (EU) 2016/128 (updating 1999/21/EC) which supplements Regulation (EC) No 609/2013 (which updates 2009/39/EC). This legislation categorises the products, provides compositional guidance and details labelling requirements.

PRE-PRESCRIPTION CONSIDERATION CHECKLIST

MEDICAL/CLINICAL ASSESSEMENT:

During initial discussions consideration should be given, but not limited to, a patient's **dexterity, mobility and sight**.

- Are all of these of these sufficiently functional to prepare product?

Can the patient **tolerate the volume**? Consider the needs of:

- Patients with fluid restrictions, who may find a compact product more appropriate
- Patients who only manage small amounts of fluids in a day

Can the patient **tolerate milk**? Consider:

- Patients with kidney disease who need to limit their electrolytes (note: adding milk will push up potassium levels)
- Patients who are lactose intolerant (note: the majority of ready-made ONS are clinically lactose free)



1 NICE 2006. National Institute for Health and Care Excellence Clinical Guideline 32. Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition *In*: NICE (ed.).

2 NICE 2012. National Institute of Clinical Excellence Quality Standard [QS24] Nutrition support for adults.

PRACTICALITY ASSESSEMENT:

- Is the patient **able to make up** the product?
- Is the patient **able to buy**/access milk and mix in a powder or does the patient have carer/care home support?
- Can the patient **swallow** safely?

PATIENT CONSIDERATIONS:

- What is the patient's **preference**? Do they like milky drinks?

(Both options (powder and liquids) and their respective methods of preparation should be discussed with the patient initially to ascertain suitability.)

- Can the patient **make up the product accurately** as per the instructions? Consider:
 - Can they follow the instructions?
 - Can they add the correct amount of liquid?
 - Are they able to shake it and form the right/ideal consistency?
 - Having done so, is the packet completely empty of powder?

IF THE ANSWER TO ANY OF THESE QUESTIONS IS NO, CHOOSE A READY-TO-DRINK ONE

IF THE ANSWER TO ALL OF THESE QUESTIONS IS YES, THEN A POWDER MAY BE SUITABLE

NEXT STAGE

Suggest an **initial 7-10-day supply** or starter pack to test acceptability and compliance. This must be accompanied by specific directions for use, including a demonstration.

COMPLIANCE

Check for **compliance**. Ask the patient and/or carer:

- ✓ How they're getting on
- ✓ Whether they are finishing it
- ✓ How much they're taking
- ✓ Whether a dietitian or other HCP is monitoring progress

No improvement in nutritional status is a sign that the patient is not complying with prescribed treatment. In this case, re-evaluate 'pre-prescription considerations'