

THE VALUE OF NUTRITION ON PRESCRIPTION: WHY IS IT STILL BEING OVERLOOKED?

Food and water are the staples of life, and over the years the awareness of the importance of good nutrition has increased – including the role it can play in preventing and managing disease and medical conditions. High quality nutritional care should be at the heart of patient care but, in reality, it is still often ignored. Nutritionist Martha Hughes and Katherine Sykes, Policy Adviser at the British Specialist Nutrition Association, delve deeper into the patient-centric core concerns.



WHAT IS NUTRITION ON PRESCRIPTION?

The term 'nutrition on prescription' refers to nutrition that is prescribed by a medical practitioner. This type of prescription contains foods or liquid nutrients, otherwise known as borderline substances, which have been specifically formulated for individuals with a disease, disorder, or medical condition when food alone, however nutritious, is not sufficient to meet a person's dietary needs.

The Advisory Committee on

Borderline Substances (ACBS) is responsible for advising approved prescribers about the prescribing of these products (1) and ensuring that the products prescribed are safe and appropriate for the treatment of specified conditions.

Nutrition on prescription can include Foods for Special Medical Purposes (FSMPs) which are evidence-based nutritional solutions for a range of diseases, disorders, and medical conditions for all ages, including oral nutritional supplements, enteral feeds, and specialist infant formulae. Gluten-free foods for patients with coeliac disease are also available on prescription, along with parenteral nutrition for those with intestinal failure. As with all prescriptions, these should be used under the supervision of a healthcare professional.

MALNUTRITION

Malnutrition is a serious problem in modern Britain. It's estimated that more than three million people in the UK are either malnourished or at risk of malnutrition (2), around 98 per cent of whom are living outside the hospital setting. Malnutrition and dehydration are both causes – and usually consequences – of illness, so ensuring that patients receive adequate nutrition is critical for improving their overall health outcomes.

The effective management of malnutrition could have a significant impact on the health economy as the annual health and social care costs associated with malnutrition are estimated to exceed £19 billion in England alone (3), making it the third largest potential source of cost saving for the NHS. (3) As recognised by NHS England's

Commissioning Guidance on Nutrition and Hydration (4), malnutrition can result in increased demand for GP and out-of-hours services, increased hospital stays, and decreased quality of life. (5)

Unfortunately, however, all-too-often nutrition support guidelines and standards are forgotten or ignored, even though NHS England's 10 Key Characteristics of Good Nutrition and Hydration Care (6) require that 'all care providers have a nutrition and hydration policy centred on the needs of users, [which is] performance managed in line with local governance, national standards and regulatory frameworks'.

Malnutrition can affect all ages, but it is particularly prevalent in old age. Ageing can itself have a significant and adverse impact on nutritional status, exacerbating



the decline in physiological and psychological functions that occur in later life. Malnutrition caused by inadequate dietary intake in old age is a significant risk as it can result in numerous ailments, such as decreased muscle mass, reduced cognitive function, delayed wound healing, constipation, dizziness, and increased risk of falls, increased hospital admissions and readmissions, and increased mortality. (5, 7, 8)

It costs more NOT to treat malnutrition than to do so. In a report from 2015, the British Association for Parenteral and Enteral Nutrition (BAPEN) and the National Institute for Health Research Southampton Biomedical Research Centre (NIHR) estimated that £5,329 could be saved per patient through better nutrition management. (3) Moreover, the provision of nutritional support to 85 per cent

of patients at medium and high risk of malnutrition would lead to a cost saving of £325,000 to £432,000 per 100,000 people. (3)

MALNUTRITION SCREENING

It's important to identify individuals who are malnourished, or at risk of malnutrition, using a validated nutritional screening tool, such as the Malnutrition Universal Screening Tool (MUST). (9) The National Institute for Health and Care Excellence (NICE) Quality Standard (QS24) (10), NICE Clinical Guideline (CG32) (11), and the Managing Adult Malnutrition in the Community Pathway (12) all recommend a multidisciplinary approach to the identification of people at risk of malnutrition and provision of timely nutrition support

in accordance with patients' individual clinical conditions and circumstances. This can include advice on eating well and food fortification, but for those where more support is needed, foods specifically formulated to meet nutritional requirements may be prescribed.

NUTRITIONAL SOLUTIONS FOR DISEASE MANAGEMENT

If a patient is able to feed orally, nutrition support can take the form of oral nutritional supplements (ONS). NICE QS24 (10) recognises that ONS are a clinically effective way to manage disease-related malnutrition when food alone is not sufficient to meet a person's dietary needs. It also advises that care should be taken if solely providing fortification to food, as this may supplement

energy and / or protein, but not necessarily provide sufficient or adequate micronutrient and mineral levels.

Patients requiring ONS range from those who are critically ill to those with inherited genetic disorders to those with chronic illnesses. These may include cancer, kidney failure, cystic fibrosis, diabetes, dysphagia, loss of muscle mass and respiratory disease. In addition, specialist products may be required for people with inborn errors of metabolism, those with food allergies, or problems with absorption or malnutrition of normal foods.

For those who struggle to feed orally, enteral feeds (including ONS) can be administered enterally via the gastrointestinal tract, either by a nasogastric tube (NGT) or percutaneous endoscopic gastrostomy (PEG). ONS can be an essential part of

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medical management and may be required either for life or for short periods of time, depending on the individuals' clinical circumstances. In these cases, they guard against malnutrition until a normal diet can be resumed.

Despite all the guidance and evidence surrounding the benefits of ONS, recent months have seen some restriction on the prescribing of ONS, especially in care homes. However, it's not only important to address the health of the patient, but also the time restrictions caregivers may have in a care home setting. ONS can be a lifeline in the community and care homes, where round-the-clock care may not be available. Prescribed appropriately, ONS can prevent the complications associated with malnutrition and significantly improve patients' health outcomes, while also offering a clinically and cost-effective solution.

PARENTERAL NUTRITION

Parenteral nutrition (PN) refers to the provision of nutrients by the intravenous route, via the veins. NICE recommends that healthcare professionals should consider prescribing PN for patients who are malnourished or at risk of malnutrition who have an inadequate or unsafe oral and / or enteral nutritional intake, or a non-functional, inaccessible or perforated (leaking) gastrointestinal tract. (11)

Until April 2016, PN treatment was recommended by a dietician or a nurse and prescribed by an independent prescriber, such as a doctor or pharmacist. Changes to the Human Medicines Regulation in 2016 (13) have allowed dietician to qualify as supplementary prescribers, allowing advanced nutrition support dietician to prescribe PN according to an agreed clinical management plan.

Some patients in the hospital setting may require PN on a long-term basis and may be discharged on home PN (HPN). For those patients whose gastrointestinal function improves or recovers, PN may be gradually withdrawn, but only once adequate oral or enteral nutrition is tolerated and nutritional status is stable.

SPECIALIST INFANT FORMULA

It is well understood that breastfeeding is the best way to feed a baby. However, for those parents who are unable to, or choose not to, breastfeed, infant formula is the only safe alternative, and when a baby has a specific nutritional requirement due to an underlying medical condition, the only alternative source of nutrition which is suitable and safe is a scientifically formulated specialist infant milk.

Conditions which indicate these specialist milks include:

- Faltering growth
- Cow's milk protein allergy
- Lactose intolerance
- Gastro-oesophageal reflux

Specialist milks are available on prescription and must always be used under medical supervision for the full duration of the condition, no matter what its severity. This prescription provides a lifeline to vulnerable infants and parents / carers to ensure the best possible nutrition for optimal health outcomes.

COELIAC DISEASE

Coeliac disease is an autoimmune condition where the consumption of gluten (found in wheat, barley and rye) triggers the immune system to react and damage the lining of the small intestine.

The damage caused decreases the surface area of the villi, and results in inflammation, pain and discomfort for the sufferer, while reducing the ability of the small bowel to absorb nutrients from food properly (14). It is thought to affect one-in-100 people, and the only treatment is to adhere to a life-long gluten-free diet. Long-term complications associated with non-adherence include osteoporosis, iron deficiency anaemia, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism and vitamin D deficiency. (15) For children, non-adherence can also result in complications, such as faltering growth and delayed puberty. (16)

Prescriptions for patients with

coeliac disease date back to the 1960s. Coeliac disease is not a choice, and essential staples on prescription provide patients with a lifeline to help them to manage their condition themselves.

CONCLUSION

High quality nutritional support should be at the heart of patient care. The nutritional status of patients who have a disease, disorder or medical condition should always be considered as part of a patient's care management strategy. It is important for healthcare professionals to be able to recognise when it's appropriate for nutrition to be prescribed, as poor nutrition can have many negative consequences, both in the short and longer-term.

Appropriate prescribing can also result in long-term cost savings to the NHS and enhanced patient outcomes. Its positive impact on overall health and recovery should not be underestimated.

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ABOUT THE BRITISH SPECIALIST NUTRITION ASSOCIATION

The British Specialist Nutrition Association (BSNA) is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow-on formula, young child formula and complementary weaning foods), medical nutrition products for diagnosed disorders and medical conditions, including parenteral nutrition and gluten-free foods on prescription.

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