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ORAL NUTRITIONAL SUPPLEMENTS: APPROPRIATE PRESCRIBING FOR A CLINICAL NEED

Nutrition is imperative to our existence and over the years the awareness of the importance of good nutrition has increased, including the role nutrition 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.



Nutrition is available on prescription in many forms, for those who suffer from a disease, disorder, or medical condition and when normal food alone, however nutritious, is not sufficient to meet a person's dietary needs. These products, available on prescription, otherwise known as nutritional borderline substances, are specifically formulated to meet disease-specific indications, which are set out by the Advisory Committee on Borderline Substances (ACBS).¹ The ACBS is responsible for ensuring that the products are safe and appropriate for the treatment of specified conditions.

Nutritional borderline substances 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. FSMPs include ONS and enteral tube feeds. As with all prescriptions, these should all be used under the supervision of a healthcare professional.

MALNUTRITION

Malnutrition continues to be a serious problem in the UK, estimated to affect at least three million people,² around 98% of whom are living outside the

GUIDANCE ON ONS

ONS is supported whenever there is a clinical need by the following:

- NHS England Guidance on Commissioning Excellent Nutrition and Hydration 2015-2018
- NICE Clinical Guideline 32 on Nutrition Support in Adults (CG32)
- NICE Quality Standard 24 (QS24)

hospital setting. Malnutrition and dehydration are both causes – and usually consequences – of illness, thus ensuring that patients receive adequate nutrition is critical for improving their overall health outcomes. Malnutrition remains a growing problem, yet is largely preventable and can be better managed if the right guidance is followed.

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 be nearly £20 billion in England alone.³ The potential cost saving of implementing nutrition support in adults is ranked as the third highest amongst a wide range of other cost saving interventions.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 Care⁶ 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 later life. Malnutrition is caused by insufficient dietary intake with disability and disease at the heart of the problem.^{7,8} Food intake is often reduced because of the effects of disease and its treatment, for example poor appetite, swallowing difficulties, the side effects of drugs, or physiological reasons. As a consequence, patients and families suffer; patient's quality of life is adversely affected; there's an increase in hospital admissions and readmissions, increased mortality and mortality rises.^{9,10}

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 a cost difference of £5329 more in treating a malnourished patient, compared with treating a well-nourished patient.³ Moreover, the provision of nutrition support by implementing the National Institute for Health and Care Excellence (NICE) Quality Standard (QS24)¹¹ and NICE Clinical Guidance (CG32)¹² to 85% 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').¹³ The National Institute for Health and Care Excellence (NICE) Quality Standard (QS24),¹¹ NICE Clinical Guidance (CG32)¹² and the Managing Adult Malnutrition in the Community Pathway¹⁴ all recommend a

multidisciplinary approach to the identification of people at risk of malnutrition and provision of timely nutrition support. 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 should be prescribed.

MALNUTRITION PATHWAY

The Managing Adult Malnutrition in the Community Pathway¹⁴ is an evidence-based tool to assist in the appropriate use of ONS, which can be used across all care settings. It has been founded on clinical experience and evidence, alongside accepted best practice and has been endorsed by professional organisations such as the BDA, BAPEN, Royal College of Nursing (RCN) and Royal College of General Practitioners (RCGP). Visit www.malnutritionpathway.co.uk for more information on the pathway and updated supporting documents, all of which are downloadable, including the publication *Managing Malnutrition with Oral Nutritional Supplements (ONS) – advice for healthcare professionals*.

NUTRITIONAL SOLUTIONS FOR DISEASE MANAGEMENT

Medical nutrition can be used from birth until old age. If a patient is able to feed orally, nutrition support can take the form of ONS. ONS are evidence-based nutritional solutions for disease-related malnutrition, helping to improve patient quality of life and significantly reduce hospital admissions and readmissions, along with a reduction in the length of stay. NICE QS24¹¹ 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 when providing food fortification alone, which tends to supplement energy and/or protein without necessarily providing sufficient or adequate micronutrient and mineral levels.

Patients who require medical nutrition, including ONS, can have a wide variety of conditions and can include those who are critically ill, to those with inherited genetic disorders and to those with chronic illnesses,

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such as cancer, kidney failure, cystic fibrosis, diabetes, sarcopenia and respiratory disease. In addition, specialist disease-specific medical nutrition may be required for people with inborn errors of metabolism, those with food allergies, or patients with dysphagia.

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

POWDER OR LIQUID ONS?

ONS are available in two different forms: powders (which are made up to form a liquid), or ready-made liquids. The decision about which form to prescribe is an important one and should be carefully considered. Both have their advantage, but ultimately the decision about which is the best option should come down to the specific clinical circumstances and requirements of the patient; there is no blanket approach. Factors to consider might include the level of the patient's dexterity, mobility and sight and: whether they can tolerate volume; can tolerate milk; are able to make up the product accurately; are able to swallow safely; and their individual preferences. A helpful checklist can be found at BSNA.co.uk.¹⁵

VARIATION IN PRESCRIBING ACROSS THE UK

Despite all the guidance and evidence surrounding the clinical value of ONS, there is variation in prescribing practice across the UK. Some Clinical Commissioning Groups

(CCGs) have restricted the prescribing of ONS, especially in care homes. It is 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. Those who can clinically benefit from prescribed ONS need to have access to the products.

ONS is not designed as a food or meal replacement, but is a supplement of macro- and micronutrients to any food or other oral intake which can be tolerated by the patient as per national guidelines. Prescribed appropriately, ONS can prevent the complications associated with malnutrition and resulting increased demand on healthcare resources, eg, hospital admissions, along with significantly improving patients' health outcomes, whilst offering a clinical and cost-effective solution.

CONCLUSION

High quality nutrition 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 is 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.

CCGs should align their policies against national recommendations to ensure prescribing of nutritional borderline substances is appropriate, based on clinical need, and to reduce unwarranted variation in patient care.