



North East London

NEL Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements

A practical guide presentation

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Objectives: TBC

- Background on: NEL ONS guidelines, ONS & Malnutrition
- Reviewing ONS - Who meets prescribing criteria?
 1. MUST scoring
 2. ACBS indications
 3. How to advise food-based treatment
 4. Assessing & supporting the underlying causes of malnutrition – treating the cause
- Real life patient scenarios
- Take home messages
- Question time & key contacts for ONS queries

The ONS Guidelines are a NEL wide collaboration

- These guidelines are collaborative document between dietitians across NEL and NEL ICB Pharmacy and Medicines Optimisation Team.
- They are geared towards all NEL practices, care homes & Dietitians in primary and secondary care.

Aim of the NEL ONS guidelines



Improve identification, treatment, and management of malnutrition with a focus on community-dwelling patients.



To provide evidence on current best practice.



Ensure cost effective prescribing of ONS



Designed for use by GP's, Medicines Optimisation Team, dietitians, district nurses, PCN teams, practice nurses, practice pharmacists, care home staff and other community health care professionals.

Key Facts about ONS

57-75% of ONS prescriptions are inappropriate (based on ACBS prescribing criteria and dietetic clinical judgement)¹.

More than 80% of those patients identified as at risk of malnutrition on admission to hospital could have been identified and treated for malnutrition in the community before hospitalisation ².

Malnutrition is estimated to affect **at least three million adults** in the UK ^{3,4}. The estimated annual health costs associated **with malnutrition exceed £22.6 billion annually**.

Improving the identification and treatment of malnutrition is estimated to have the **third highest potential** to deliver cost savings to the NHS ⁵.

Why have malnutrition management guidelines?

3 million malnourished in the UK

Cost of malnutrition **£22.6 billion annually**

Projected to cost an **extra £4 billion by 2035**

NEL ICB spends **>£20million** on treating malnutrition annually

BAPEN report 2021: **35% of care home residents** are at medium or high risk of malnutrition. Not always identified & treated effectively ⁽⁶⁾

Why have a formulary

- NEL ICB ONS Costs high & rising:

| Time period (12 months) | Prescription spend | % growth compared to baseline |
|-------------------------|--------------------|-------------------------------|
| 2020-2021 (baseline) | £7,108,924 | N/A |
| 2021-2022 | £7,429,290 | 4.5% |
| 2022-2023 | £8,346,746 | 17.4% |

Source: PrescQIPP

A saving of ~ £4.5 million could potentially be achieved in NEL ICB if ONS was appropriately prescribed. This estimation is based on London Procurement Programme Clinical ONS Support Project (2009) which found that 57-75% of ONS are prescribed inappropriately

New NEL ONS guidelines

- **Food based strategies are recommended as first line** for management of malnutrition (resources are linked in the NEL ONS guidelines & on the NEL website)
- NEL ONS guidelines has a **quick reference guide** to aid appropriate prescribing of ONS. See Appendix 1 – 4 In the guidelines.
- Advised to complete the 4 simple steps covered in the next following slides, to determine if ONS can be prescribed.

Step 1: High Risk of Malnutrition e.g. MUST ≥ 2

Determine MUST score – steps 1,2 & 4*

Step 1:

BMI formula:

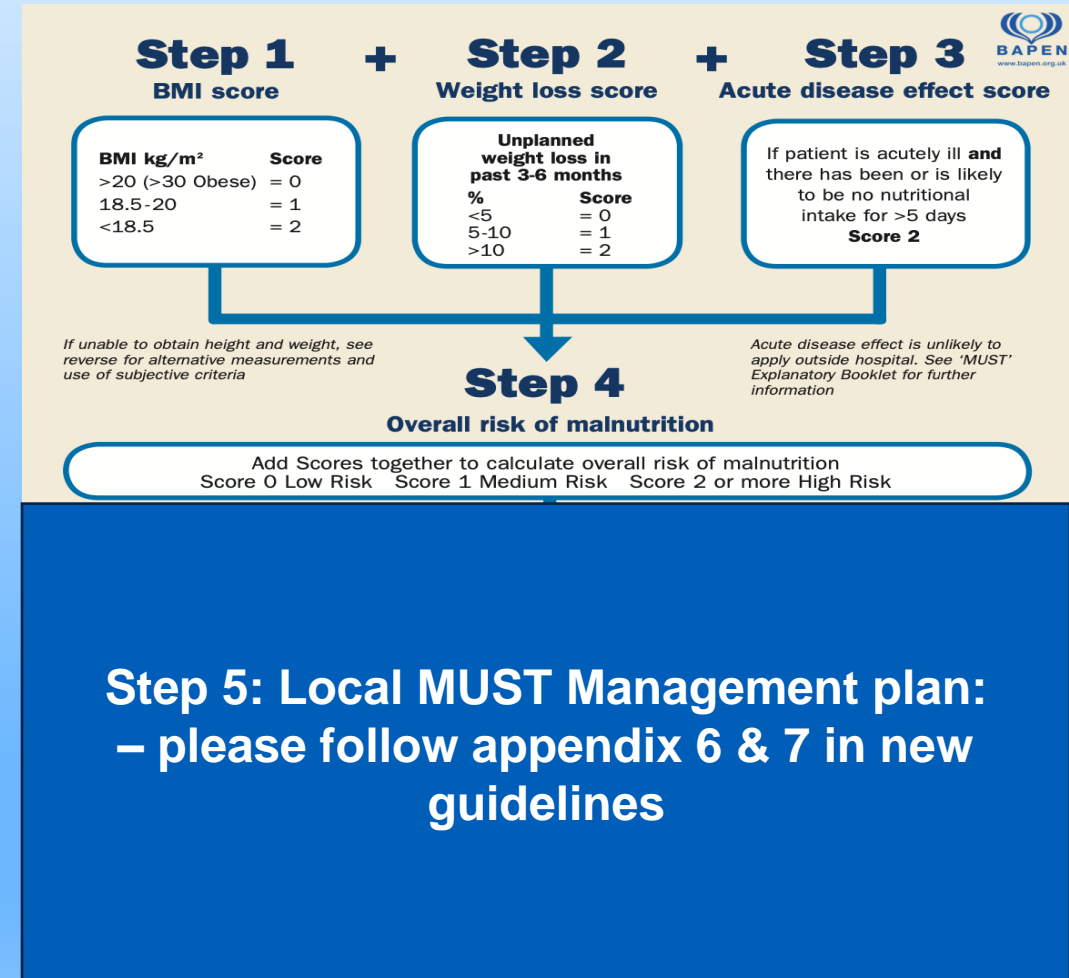
$BMI = \text{Weight (kg)} \div (\text{Height(m)} \times \text{Height(m)})$

Step 2:

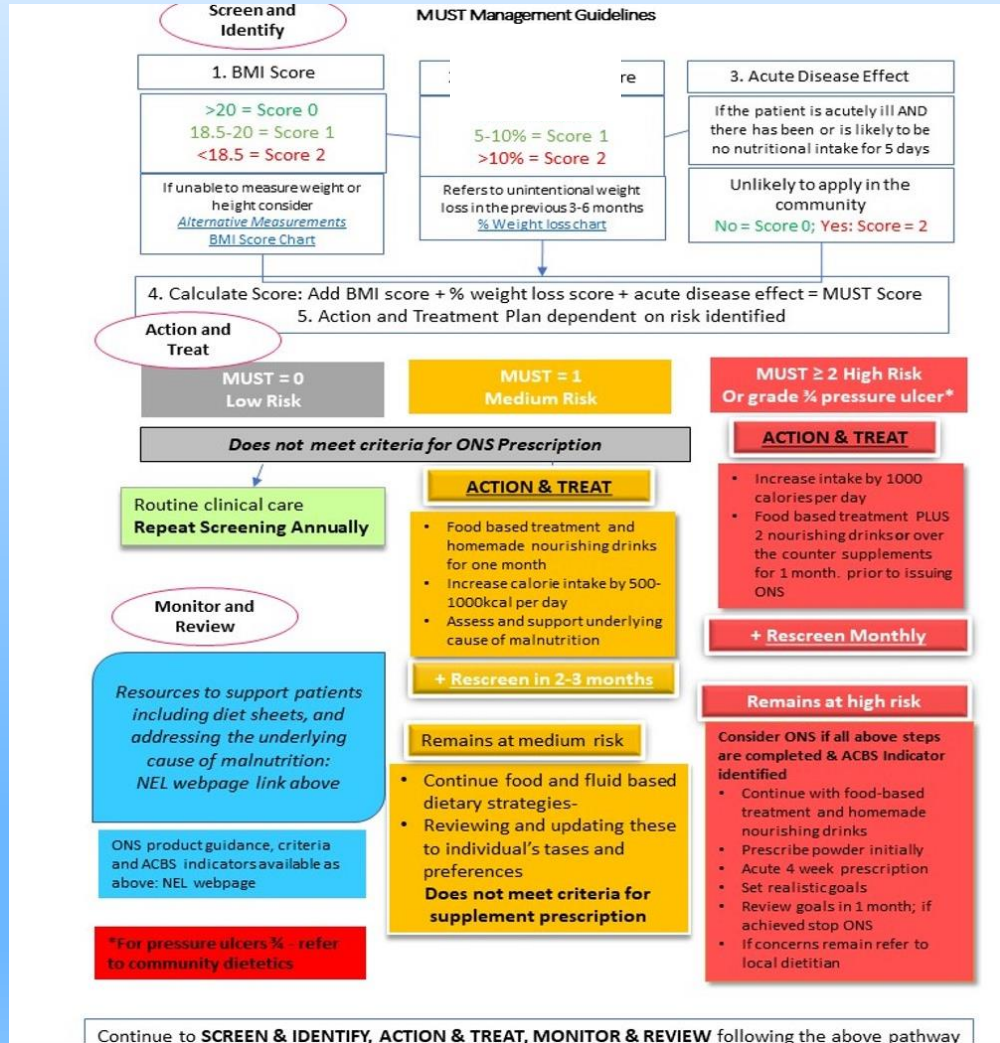
Weight loss formula:

$(\text{Previous weight minus current weight}) \div \text{Previous weight} \times 100$

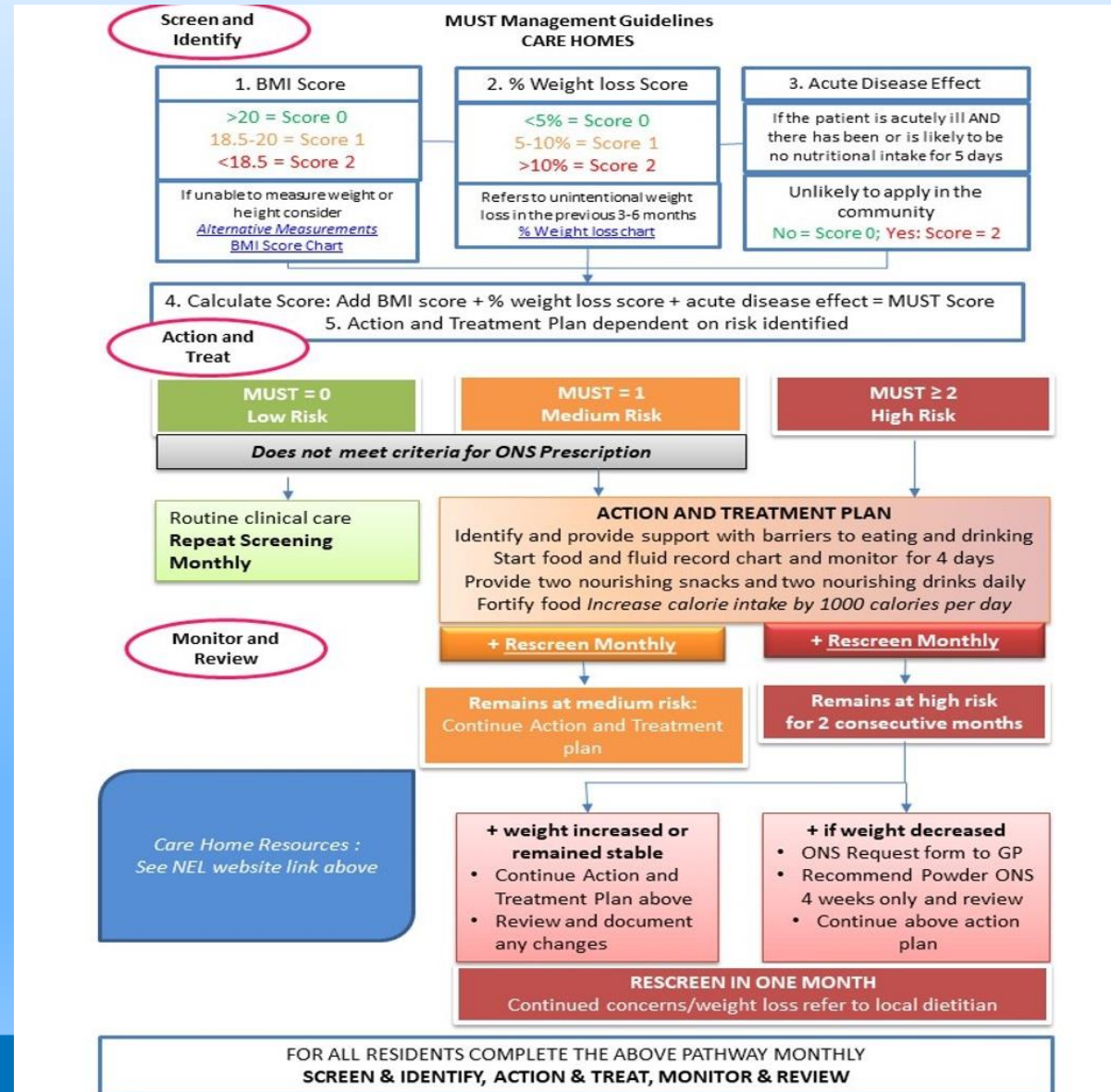
- *Step 3 - very unlikely to apply in community
- Step 4 - Add scores for total MUST score
- Link to [MUST Calculator](#) on BAPEN website.



Step 5: Appendix 6 and 7.



Continue to **SCREEN & IDENTIFY, ACTION & TREAT, MONITOR & REVIEW** following the above pathway



Step 2: ACBS Indications

1 Dysphagia

2 Short Bowel Syndrome

3 Intractable malabsorption

4 Following total gastrectomy

5 Bowel fistulas

6 Proven inflammatory bowel disease (exempted in guideline!)

7 CAPD

8 Haemodialysis

9 Pre-operative preparation of undernourished patients

10 Disease related Malnutrition

9 Specific & 'easy to understand'

**Disease related malnutrition
Vague but frequently used**

Step 3: Food-based treatment (1st line before ONS)

'Food based treatment trialled for one month including homemade nourishing snacks and drinks or 'over the counter' supplements e.g., Complan or Meritene'.

| MUST 1 – Medium risk Increase intake by 500-1000kcal/day | MUST ≥ 2 – High risk Increase intake by 1000kcal/day |
|--|---|
| To add ~ 500 calories: <ul style="list-style-type: none">• 1 nourishing snack• 1 nourishing drink• 1-2 tbsp nutrient dense ingredients | To add ~ 1000 calories: <ul style="list-style-type: none">• 2 nourishing snacks• 2 nourishing drinks• ≥3 tbsp nutrient dense ingredients |
| Small appetite? <ul style="list-style-type: none">• Fortified diet little & often• 3 small meals• 2 small nourishing snacks• Focus on nourishing fluids <p>N.B: MUST ≥3 or 2 with BMI <16.5kg/m² +/- pressure sores – refer to dietitian; advise food-based treatment & do a 28-day acute formulary prescription.</p> | Advise using fortified milk: <ul style="list-style-type: none">• 3-4 tbsp dried skimmed milk or 1 tbsp soy protein powder whisked into one-pint whole cow's milk/soy milk. <p>NEL website has resources with examples of nourishing ingredients, snacks and fluids: https://primarycare.northeastlondon.icb.nhs.uk/home/meds/medicines-guidelines-nutrition-blood/</p> |

Useful ingredients in fortification

| Ingredients | Add to... |
|--|---|
| Skimmed milk powder | Porridge, soup, sauces, drinks |
| Soy or pea protein | Vegetable soups, stews, casseroles |
| Ground almonds | Vegetable soups, stews, curries, dhals, casseroles, porridge |
| Egg | Custard, milk puddings, mashed potato, eat as it is, mash with mayo |
| Nut butters | Porridge, soups, curries, dhals |
| Grated cheese / cream cheese | Potatoes / vegetables |
| Oil / butter / cream* (*high calorie) | Potatoes, soups, stews & casseroles |

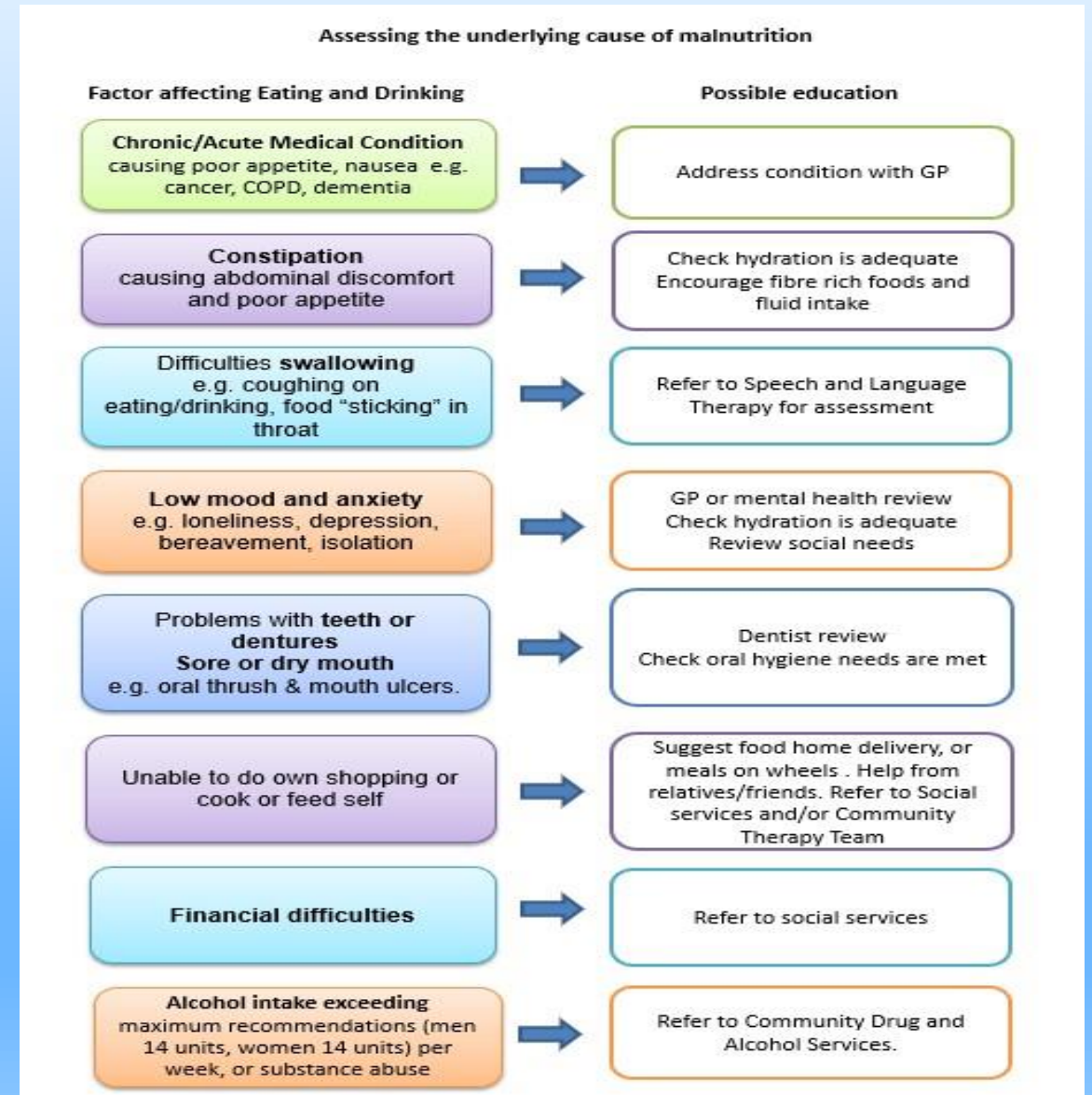
Honey, sugar & jam can also be added to enhance flavour*
(*not suitable for diabetics)

Vegan options:
extra vegetable oils,
vegan yoghurts,
Agave Nectar

Some information taken from reference number 14

Step 4: Assess & support underlying causes of malnutrition

3 million malnourished in the UK
Crucial to address root causes



Guideline Formulary (Appendix 1)

| Category | Product | Kcal / serve | Protein (g) / serve | Unit size | Preparation |
|---|-------------------------|--------------|---------------------|-----------|--|
| 1 st line powder ONS | Aymes shake* | 386 | 19 | 57g BD | Mix with 200ml full fat milk between meals |
| | Foodlink Complete** | 385 | 19 | 57g BD | |
| 2 nd line Ready-made Milkshake style ONS | Altraplen Energy | 300 | 12 | 200ml BD | 200ml between meals |
| | Actagain 1.5 Complete | 300 | 14 | 200ml BD | |
| 3 rd line compact ONS | Aymes Actagain 600 | 600 | 24 | 250ml OD | Advise split into 4 shots |
| | Altraplen Compact daily | 600 | 24 | 250ml OD | |

Appendix 2: Quick Reference ONS Supplement Guidance for Dietitian Reference

This guideline should be followed to ensure appropriate prescribing practices across the primary and secondary care interface; and when requesting the prescription of an ONS in primary care.

| Primary Care ONS Prescribing Criteria: |
|--|
| 1. High Risk of Malnutrition e.g., MUST ≥ 2 |
| 2. *ACBS Indicated |
| 3. Food based treatment and homemade nourishing drinks trialed for one month including 'over the counter' supplements |
| 4. Assess and support regarding the underlying cause of malnutrition |
| If patient does not meet criteria for supplement prescription: Recommend food-based strategies with nourishing fluids or OTC supplements |
| On requesting an ONS Prescription in primary care |
| FIRST: Patient meets criteria for ONS prescription: Prescribe Powdered ONS SECOND: If powdered ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS THIRD: If the patient is unable to complete the ~200ml volume of Milkshake Style ONS prescribe a Compact ONS |
| IF RECOMMENDING AN ALTERNATIVE PRODUCT AIM TO ENSURE IT IS WITHIN THE GREEN SECTION |
| AMBER= ONLY PRESCRIBE IN PRIMARY CARE IF ONS IN GREEN SECTION ARE INAPPROPRIATE OR CONTRAINDICATED AND/OR UNDER CARE OF DIETITIAN (see section 5.2) |
| RED= ONLY PRESCRIBE IF ONS IN GREEN AND AMBER SECTION ARE INAPPROPRIATE OR CONTRAINDICATED AND/OR UNDER CARE OF DIETITIAN (see section 5.2) |
| Practical Guidelines to help ensure your patient is prescribed the appropriate <u>product</u> |
| Provide a written summary of dietetic treatment including identified goals and a review plan If requesting the GP to review an ONS prescription: <ul style="list-style-type: none"> ✓ Provide clear goals of ONS treatment in written communication ✓ Advice regarding re-screening for risk of malnutrition ✓ Recommend a suitable ONS from the GREEN section unless contraindicated |
| If an alternative ONS is required, consider prescribing the cost effective ONS within the AMBER supplement group. |
| Avoid prescribing products in RED |
| Secondary care dietitians may utilise the ONS Product Guidance to recommend the trial and prescription of a clinically and cost effective ONS, within the respective product group. For patients not receiving continued dietetic review, this information will support the GP to prescribe in line with the Guidelines. |

This product guidance is available to download from: [NEL website](#)

Appendix 3: Quick product change reference guide

Product prices in below table updated May 2023, and will be updated yearly to reflect product price changes.

Prices obtained from The Monthly Index of Medical Specialities (MIMS) Online

N.B: Prescriber should always doublecheck below information as products are subject to change.

GREEN: Prescribers may prescribe as an alternative product if 1st line formulary product (Aymes shake/Foodlink complete) not tolerated.

AMBER & RED: These products should not be routinely prescribed in primary care. To be prescribed under dietetic direction only. Please see specific guidance on p. 12 section 3.4 and p. 19 section 5.2.

Products in BOLD = cheapest alternative in the category.

| Product Name | Price/Serve | Kcal/Serve | Protein/Serve | Unit Size | Pack Size | Flavours | Vegan (Ve) / Vegetarian (V) / Kosher (K) / Halal (H) | IDDSI Level |
|---|-------------|------------|---------------|-----------|-----------|---------------------------|--|------------------|
| POWDERED ONS – Always consider prescribing a powdered product first if appropriate - see formulary in appendix 1. Not nutritionally complete | | | | | | | | |
| AYMES Shake Powder ⁽²¹⁾ | £0.52 | 383 | 19 | 57g | 399g | B, C, S, N, V | V, H, K | 0 |
| Foodlink Complete Powder Sachet ⁽²¹⁾ | £0.52 | 385 | 19 | 57g | 399g | B, C, S, N, V | V, H(a), K(a) | 0 |
| MILKSHAKE STYLE – Nutritionally complete bottled ONS; if powdered ONS are not suitable | | | | | | | | |
| Altrapien Energy | £0.99 | 300 | 12 | 200ml | 800ml | B, C, S, V | V, H(e), K(e) | 0/1 ⁺ |
| EnergyShake Complete | £1.01 | 300 | 12 | 200ml | 800 ml | B, C, S, V | TBC | TBC |
| Aymes Complete | £1.11 | 300 | 12 | 200ml | 800ml | B, C, S, V | V(b), H(b), K(b) | 0 |
| Fortisip Bottle | £1.25 | 300 | 12 | 200ml | 800ml | B, C, S, N, V, Ca, O, TF | V(f), H, K(f) | 0 |
| Ensure Plus Milkshake Style | £1.33 | 300 | 12.5 | 200ml | 800ml | B, C, S, N, V, Co, FOF, P | V(f), H, K(f) | 0 |
| COMPACT STYLE – Low volume nutritionally complete oral nutritional supplements | | | | | | | | |
| Aymes Shake Compact Powder ⁽²¹⁾ | £0.52 | 318 | 15 | 57g | 399g | B, C, N, S, V | V, H, K | 1 |
| Foodlink Complete Compact Powder ⁽²¹⁾ | £0.52 | 318 | 15 | 57g | 399g | B, C, N, S, V | V, H(a), K(a), V(f), H, K(f) | 0-2 ⁺ |
| Fortisip Compact | £1.48 | 300 | 12 | 125ml | 500ml | B, C, S, V | V(d), H(e), K(e) | NK |
| Altrapien Compact | £1.39 | 300 | 12 | 125ml | 500ml | B, HC, S, V | V(f), H, K(f) | 1/2 ⁺ |
| Ensure Compact | £1.56 | 300 | 13 | 125ml | 500ml | B, HC, S, V, Co | | 2 |
| Aymes Acta Gain 600 (2 x 125 ml) | £1.60 | 600 | 24 | 250ml | 750ml | S, V, B | V(b), H(b), K(b) | 2 |
| JUICE STYLE - Patients who dislike or are unable to tolerate milk-based sip feeds. Not nutritionally complete. *Fat free ONS | | | | | | | | |
| Aymes ActaSolve Smoothie Powder ⁽²¹⁾ | £0.99 | 297 | 10.7 | 66g | 462g | Pi, M, P, SC | Ve, H, K | 2 |
| Aymes Acta Juice* | £1.70 | 300 | 11 | 200ml | 400ml | A, O | V, H, K | 0 |
| Altrajuice* | £1.89 | 300 | 7.8 | 200ml | 800ml | A, B, S, O | V(d), H(e), K(e) | 0 |
| Ensure Plus Juice* | £2.40 | 330 | 10.6 | 220ml | 880ml | S, P, Q, LL, Ap, FP | V(f), H(h), K(f) | 1 |
| VEGAN OPTION - Also useful for patients with milk-intolerance or milk-allergy. Not suitable in soy-intolerance. Not nutritionally complete | | | | | | | | |
| Aymes ActaSolve Smoothie Powder ⁽²¹⁾ | £0.99 | 297 | 10.7 | 66g | 462g | Pi, M, P, SC | Ve, H, K | 2 |
| HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment | | | | | | | | |
| Aymes ActaSolve Protein compact ⁽²¹⁾ | £1.07 | 313 | 20 | 57g | 399g | S, C, B, V, N | V, H, K | 2 and 3 |
| Altrapien Protein | £2.05 | 300 | 20 | 200ml | 800ml | S, V | V(d), H(e), K(e) | 1/2 ⁺ |
| HIGH PROTEIN, HIGH ENERGY – Patients with increased protein and energy requirements – identified following dietetic assessment | | | | | | | | |
| Aymes Shake Powder ⁽²¹⁾ | £0.52 | 383 | 19 | 57g | 399g | B, C, S, N, V | V, H, K | 0 |
| Aymes Acta Gain 2.4 Complete Maxi | £1.59 | 480 | 19.2 | 200ml | 400ml | S, V, B | V(b), H(b), K(b) | 2 |
| Aymes Acta Gain 600 | £1.60 | 600 | 24 | 250 ml | 750 ml | S, V, B | V(b), H(b), K(b) | 2 |
| Altrapien Compact Daily | £1.60 | 600 | 24 | 250 ml | 750 ml | S, V, B | V, H(e), K(e) | 2-3 ⁺ |
| FIBRE CONTAINING - Useful for patients with constipation | | | | | | | | |
| Aymes Shake Fibre(1) 5.0 g fibre | £0.71 | 375 | 19 | 57g | 399g | V, C, S, B, N | V, H, K | 0 |
| Foodlink Complete Fibre(1) 4.5g fibre | £0.85 | 397 | 19 | 63g | 441g | V, C, S, B, N | V, H(a), K(a) | 1 |
| SEMI SOLID DESSERT – Patients with dysphagia | | | | | | | | |
| Aymes ActaSolve Delight ⁽²¹⁾ Powder | £1.05 | 302 | 11.2 | 125g | 500g | Bu, L, M | V, H, K | 4 |
| MODIFIED CONSISTENCY - Patients with dysphagia | | | | | | | | |
| Slo Milkshake Powder ⁽²¹⁾ Level 2/3 | £1.99 | 332 | 24 | 50g | 350g | C, S | | 2 and 3 |
| SAVOURY STYLE - Best served warm as a soup or added to sauces | | | | | | | | |
| Aymes Acta Solve Savoury ^{(21) 200ml hot water} | £0.85 | 251 | 9.2 | 57g | 399g | Chicken, Vegetable | V(c), H(c), K(c) | 1 |
| YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes | | | | | | | | |
| Ensure Plus Yogurt Style | £1.39 | 300 | 12.5 | 200ml | 800ml | S, P | H | 0 |

| Product Name | Price/Serve | Kcal/Serve | Protein/Serve | Unit Size | Pack Size | Flavours | Vegan (Ve) / Vegetarian (V) / Kosher (K) / Halal (H) | IDDSI Level |
|---|-------------|------------|---------------|-----------|-----------|---------------------------------------|---|-------------|
| POWDERED ONS – Always consider prescribing a powdered product first if appropriate** | | | | | | | | |
| ☐ Ensure Shake ⁽¹⁾ | £0.57 | 389 | 17 | 57g | 399g | B, C, S, V | | 0 |
| ☐ Complian Shake ⁽¹⁾ | £0.54 | 381 | 15.8 | 57g | 228g | B, C, N, S, V | V, H(g),K(f) V, H, K | NK |
| ☐ Aymes ActaSolve High Energy ⁽²⁾ | £1.96 | 588 | 12.3 | 85g | 510g | B, C, S, V | | 0 |
| MILKSHAKE STYLE – Nutritionally complete bottled ONS; if powdered ONS are not suitable | | | | | | | | |
| ☐ Fresubin Energy | £1.49 | 300 | 11.2 | 200ml | 800ml | C, Co | H, K, V(b), H(b),K(b) | 0 |
| ☐ Aymes 2.0kcal | £1.94 | 400 | 16 | 200ml | 800ml | V, S, B | V (b/v) | 2 |
| JUICE STYLE - Patients who do not like or are unable to tolerate milk-based sip feeds. Not nutritionally complete. | | | | | | | | |
| ☐ Fresubin Jucy | £2.06 | 300 | 8 | 200ml | 800ml | A, O, Ch, Bl, Pi | V, H, K | 0 |
| ☐ Fortijuce | £2.12 | 300 | 8 | 200ml | 800ml | L,Tf, S, A, O | V, H, K | 0 |
| VEGAN OPTION - Ready-made ONS if powder is contraindicated. Also useful for patients with milk-intolerance or milk-allergy. Not suitable in soy-intolerance. Nutritionally complete. | | | | | | | | |
| ☐ Fortisip PlantBased 1.5kcal | 1.54 | 300 | 12 | 200ml | 4800ml | M/Pa, Mo | H, K, | NK |
| HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment | | | | | | | | |
| ☐ Fortisip Compact Protein | £2.29 | 300 | 18 | 125ml | 500ml | V, S, B, Mo, Be, P/M, N, G, CrF | V(f), H ,K(f) | NK |
| FIBRE CONTAINING - Useful for patients with constipation | | | | | | | | |
| ☐ Resource 2.0 Fibre ^(5g fibre) | £2.51 | 400 | 18 | 200ml | 800ml | S, V | | NK |
| SEMI SOLID DESSERT – Patients with dysphagia | | | | | | | | |
| ☐ Aymes ActaCal Crème | £1.41 | 188 | 9.4 | 125g | 500g | V, C | | 4 |
| MODIFIED CONSISTENCY - Patients with dysphagia | | | | | | | | |
| ☐ Nutilis Complete Drink Level 3 | £2.46 | 306 | 12 | 125ml | 500ml | V, C, M/Pa, L, S | V(f), H(g),K(f) V(f), H(g),K(f) | 3 |
| ☐ Nutilis Complete Crème Level 3 | £2.46 | 308 | 12 | 125g | 500g | C, S, V | | 3 |
| ☐ Fresubin Thickened Level 2/3 | £2.51 | 300 | 20 | 200ml | 800ml | S, V | | 2 and 3 |
| YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes | | | | | | | | |
| ☐ Fresubin YoDrink | £1.71 | 300 | 15 | 200ml | 800ml | A/P, L, R | | 1 |

| | | | | | | | | |
|---|-------|-----|------|-------|---------------|------------------------|-----------------------------------|------------------|
| □ Ensure Plus Advance | £2.31 | 330 | 20 | 220ml | 880ml | Co, C, S, B, V | V(f), H(h), K(f) | 1 |
| HIGH PROTEIN, HIGH ENERGY – Patients with increased protein and energy requirements – identified following dietetic assessment | | | | | | | | |
| □ Fresubin 2kcal | £2.31 | 400 | 20 | 200ml | 800ml | A/P, Ca, Fof, To, V, N | H, K | 1 |
| □ Fortisip 2kcal | £2.33 | 400 | 20 | 200ml | 800ml | V, S, C/Ca, Fof, Mo | V(f), H, K(f) | NK |
| FIBRE CONTAINING - Useful for patients with constipation | | | | | | | | |
| □ Fresubin 2kcal Fibre ^(3g fibre) | £2.31 | 400 | 20 | 200ml | 800ml | C, N, V, Co, | H, K(i)(j) | 1 |
| □ Ensure Plus Fibre ^(5g fibre) | £2.67 | 310 | 13 | 200ml | 800ml | C, B, R, S, V | V(f), H(h), K(f) | 1 |
| □ Fresubin Energy Fibre ^(4g fibre) | £2.56 | 300 | 7.6 | 200ml | 800ml | C, V | H, K(i) | 0 |
| □ Fortisip Compact Fibre ^(4.5g fibre) | £2.46 | 300 | 12 | 125ml | 500ml | S, V, Mo | V(f), H, K(f) | NK |
| SEMI SOLID DESSERT – Patients with dysphagia | | | | | | | | |
| □ Ensure Plus Crème | £2.50 | 171 | 7.1 | 125g | 500g | B, C, N, V | | 4 |
| □ Forticreme Complete | £2.30 | 200 | 11.9 | 125g | 500g | B, C, V, FoF | V(f), H(g), K(f) | NK |
| □ Fresubin 2kcal Crème | £2.04 | 250 | 12.5 | 125g | 500g | C, S, V, Ca, Pr | H, K | 4 |
| □ Fresubin YOcreme | £2.57 | 188 | 9.4 | 125g | 500g | L, R, A/P, Bi | H, K | 4 |
| □ Nutilis Fruit Level 4 | £2.88 | 206 | 10.5 | 150g | 600g | S, A | V(f), H(g), K(f) | 4 |
| □ Nutricreme | £2.04 | 225 | 12.5 | 125g | 500g | S, V, C/O, MC | V(d), H(e), K(e) | 3-4 [#] |
| YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes | | | | | | | | |
| □ Fortisip Yogurt | £2.60 | 300 | 12 | 200ml | 800ml | R, P/O, V/L | | 2 |
| MODULAR ONS – ONLY PRESCRIBE IN EXCEPTIONAL CIRCUMSTANCES. Advise food fortification instead | | | | | | | | |
| □ Calogen | £5.86 | 135 | 0 | 30ml | 200ml | B, S, N | V(f), H, K(f) | NK |
| □ Calogen Extra Bottles | £5.20 | 160 | 2 | 40ml | 200ml | S, N | V(f), H(g), K(f) V(f), H(g), K(f) | NK |
| □ Calogen Extra Shots | £6.24 | 160 | 2 | 40ml | 6 x | S, N | | NK |
| □ Pro-cal shot | £3.11 | 100 | 2 | 30ml | 40ml | B, S, N | | 1 |
| □ Pro Cal Powder | £0.58 | 100 | 2 | 15g | 120ml 510g | N | Ve, V, H, K | |
| □ Fresubin 5 Cal Shot | £3.29 | 150 | 0 | 30ml | 120ml | N, L | | 2 |
| □ Vitajoule | £5.87 | 40 | 0 | 10g | 500g | N | | |

➤ **Reviewing ONS in primary care**

General review process...

- Check diagnosis / PMHx and co-morbidities - Are they under a dietitian/SLT etc ? Any nutrition management plan in place?
- **Do they take the ONS?**
- Apply quick guide process steps 1-4 as per (guidelines/EMIS template)
- Do MUST Score and **compare score & check weight trend**
 - MUST ≥ 3 or 2 with either/or BMI < 16.5 or grade 3-4 pressure sore = dietitian referral unless already done
- Ensure patient is on Food-based treatment & address any underlying cause if required.
- Meeting criteria? **Swap to formulary product!**
- Swap to category 1 powder unless contraindicated – **always refer to section 3.5 in guidelines.**
- Be familiar with MUST management chart in appendix 6 & 7

'Groups for Specialist Dietetic input':

- IBD
- Neurological conditions
- On modified consistency diet/fluids (SLT / RD)
- Cystic fibrosis
- COPD
- CKD
- Head & Neck
- Tube fed patients on ONS bolus regimes

Review of patients who have met treatment goals or where ONS are not effective

- If a patient has met treatment goals, for example:
 - BMI over 20 - Weight stabilised/improved and clinically well
 - Pressure sores healed
- Stop ONS
- Advise to monitor weight (weekly at home / monthly in care homes)
- If uncertain – advise to continue with food-based treatment
 - If clinically stable – this should sustain or improve nutritional status
 - You can also liaise with dietitian as required
- If ONS not effective:
 - Have underlying causes been identified & addressed effectively?
 - If yes - refer or liaise with dietitian

N.B: As a rule – food-based treatment should not stop, unless no input is required AND remember that for ONS to be effective they should be additional rather than a meal replacement. For most people, they are only needed for a short time after discharge from hospital. There is a patient resource explaining ONS on the NEL website

Patient scenario 1: ONS MAR chart review

- 79-year-old female care home patient on Fortisip Compact BD
- PMHx: HTN, Gout, hypothyroidism, Warthin tumour.
- Current weight: 57.8kg (03/03/23) – Weight History: 57.3kg (02/02/23), 56.3kg (01/01/23)
- Height: 1.6m
- BMI: 22.6kg/m² (Healthy Category)
- MUST score: 0
- Appetite generally good – mostly finishes all portions. Requires some assistance.

Patient scenario 2: ONS MAR chart review

- 80-year-old female care home patient on Fresubin Jucy TDS
- Medical history: Dementia, COPD, UTI, osteoporosis.
- Pressure sores: Nil.
- On normal diet and fluids.
- Bedbound.
- Intake very variable – depends on mood. $\frac{1}{4}$ - $\frac{1}{2}$ mostly. Occasionally all.
- Estimated that on average max 450kcal gained from ONS.

Patient scenario 3: Asked to r/v pt reliant on ONS

- 90-year-old female care home resident on Ensure Plus Milkshake QDS – (Provides in total: 1200kcal and 50g protein)
- PMHx: IHD, Hypothyroidism, HTN, CKD, Unspecified Dementia
- Appetite variable. Needs encouragement.
- Weekly weights: 23/01/2022 = 49kg – stable overall since 19/12/2021.
- BMI: 20.4kg/m²
- MUST = 0

Patient scenario 4: MAR chart review

- 86-year-old female care home resident on Fortisip Compact BD
- Diagnosis: Dementia, Hard of Hearing, Hypothyroidism, Iron deficiency, CKD, osteoporosis, left hip hemiarthroplasty.
- Appetite poor. Needs feeding. Lots of encouragement and prompting.
- Not keen on Fortisip compact BD. Not really taking it.
- Weight: 37.1kg Sep 2022 - ↓ 11.4% in 3/12.
- Weight History: 41.9 kg June 2022, 41.7 March 2022 (BMI 16.3kg/m²)
- Current BMI: 14.6kg/m² - MUST = 4

Scenario 5 – Community dwelling pt

- 50 year old male on Aymes shake BD. Lives alone.
- PMHx: COPD, CKD, HTN
- Meds: On inhalers and ACE-inhibitor
- Eats quite well despite frequent SOB. Follows some food-based advice given during hospital admission with infective exacerbation of COPD.
- Weight 59kg
- Height: 1.67m
- BMI: 21.15kg/m² – MUST = 0

Scenario 6 – Community dwelling pt

- 70-year-old female on Fresubin thickened BD
- PMHx: Haemorrhagic stroke with right sided weakness, HTN, AF
- Meds: Bisoprolol, Edoxaban
- IDDSI level 4-5 diet & IDDSI level 2 fluids with instructions
- BMI: 21.5kg/m². (was 25.6kg/m² prior to stroke).

Take home messages

- Aim is to move to **food-based treatment as first line management of malnutrition**
- Aim is to reduce inappropriate ONS prescribing and release cost savings to the NHS
- Please apply steps 1-4 in all scenarios – contact dietitians with any queries
- Apply the NEL ONS formulary
- Advisable to do targeted EMIS searches for community & care homes
 - E.g. patients that have been on ONS for >6months and review ongoing need?
 - An EMIS template to facilitate searches is being developed by the Pharmacy and Medicines Optimisation Team to help practices identify patients to review. This will be found on the GP Portal
- Ensure that you are familiar with local community dietetic services and their referral criteria
- Please send feedback/general queries to nelondonicb.prescribingqueries@nhs.net

Question time...

| Contacts for ONS prescribing queries | Generic email addresses below: |
|--------------------------------------|--|
| Redbridge | Redbridge.adultsdietitians@nelft.nhs.uk |
| Havering & B&D | Haveringdietitians@nelft.nhs.uk |
| City & Hackney | huh-tr.acrtadmin@nhs.net |
| Waltham Forest | walthamforestdietitians@nelft.nhs.uk |
| Tower Hamlets | BHNT.THdietitians@nhs.net |
| Newham | bhnt.nuh-dietitians@nhs.net |

In the subject bar, please put: 'Prescribing support query'

If patient related -
Include NHS number

References:

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