

malnutrition – the skeleton in the bed

Dietitians are the only nutrition professionals to be statutorily regulated, and have an ethical code that ensures the highest work standards. Dietitians are up-to-date with current research, public health and translate the science behind research and guidance into manageable, practical information to enable people to make appropriate lifestyle and food choices.

Malnutrition “is a state in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measureable adverse effects on tissue/body form, function or clinical outcome” (Elia M, 2003).

In this key fact sheet we are referring to malnutrition in relation to undernutrition.

Problems related to malnutrition

Malnutrition is frequently undetected and untreated causing a wide range of adverse consequences:

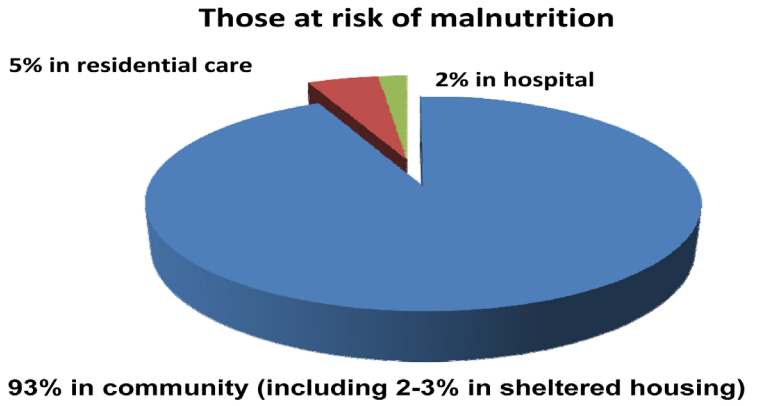
- Poorer immune responses, meaning the likelihood of infections and ill health is greatly increased
- Reduced muscle strength
- Weaker respiratory (breathing) muscles, which result in breathing problems and frequent chest infections
- More difficulty keeping warm
- Slower wound healing and longer time needed to recover from illness
- Low mood, little interest in every day activities and self-neglect
- Increased amount of admissions to hospital, and longer time spent on each admission
- Increased difficulty conceiving

Dietitians

- **Provide specialised dietary advice**
- **Should be involved in the early stages** once a patient has been screened
- **Are integral members** of the secondary and primary care teams



Fact 1
More than 3 million people in the UK are at risk of malnutrition with the vast majority, about 93%, living in the community setting, 5% in residential care and 2% in hospital.



Fact 2
Greater use of healthcare and costs associated with malnutrition

- 65% more GP visits
- 82% more hospital admissions
- 30% longer hospital stay

Fact 3
The health and social care costs in the UK linked to malnutrition are over £13 billion per annum (based on 2007 prices).

Help to devise and implement effective nutrition policy locally (which ensures good cost management)

Take a lead in co-ordinating a nutrition steering committee/group in the hospital and community environment to ensure provision of appropriate nutritional management, care pathways and monitoring

Offer appropriate nutrition advice on an individual, group, phone or face-to-face.

Can train and support other healthcare professionals on how to identify risk of malnutrition

Can assess an individual's nutritional/dietary requirements

Can support individuals/groups of people to meet their nutritional needs/requirements

Can contribute to delivering a cost-effective service

Dietitians work in a variety of settings. Seek out how you can access a local dietitian through your GP or hospital.

Case study

Kensington and Chelsea – Central London Community Health Care NHS Trust borough project is led by a Public Health Dietitian (Older People). In partnership with day centres across the borough the team have implemented food and nutrition policies. These policies provide a platform for each centre to communicate their commitment to nutrition standards for service users. Policies include introduction of nutrient-based menus that meet the Caroline Walker Trust nutrient guidelines for older people, MUST training for all staff, assessment of the eating environment and hydration guidelines. Policies are implemented and managed by a Nutrition Action Committee formed of representatives from staff, service users and management.

Case study

The London procurement project has been gathering information on the treatment of malnutrition for the past two years in London. By instigating a sustained integrated approach which was dietetically led, expenditure was able to be reduced by 15% over 2 years.

Case study

A community meals screening study was conducted in 2010 to assess the vulnerability of service users and associated risk of malnutrition. Nutrition screening was carried out to assess the nutritional risk of all eligible community meal users (using the Malnutrition Universal Screening Tool). Of the 106 eligible community meal users 20% were identified as at risk of malnutrition (MUST score = 1 or above) and 9.4% of these users were identified as at high risk of malnutrition (MUST score of 2 or above). 32% were overweight or obese. The rate of malnutrition in community meal users in Kensington and Chelsea is almost double the national average. As a result of this study, all new community meal users are referred to the Nutrition and Dietetics Service for nutritional assessment.

Dietitians' expertise, holistic understanding, evidence based practice and communication skills are essential in tackling malnutrition.

*Trust a dietitian
To know about nutrition*

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References

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