BDA conversations:

Addressing malnutrition and promoting social connection in older adults

FREE virtual CPD webinar

Thank you for joining us, we will open the meeting at 13.00

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#UKMAW2025

BDA conversations:

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FREE virtual
CPD webinar

WELCOME

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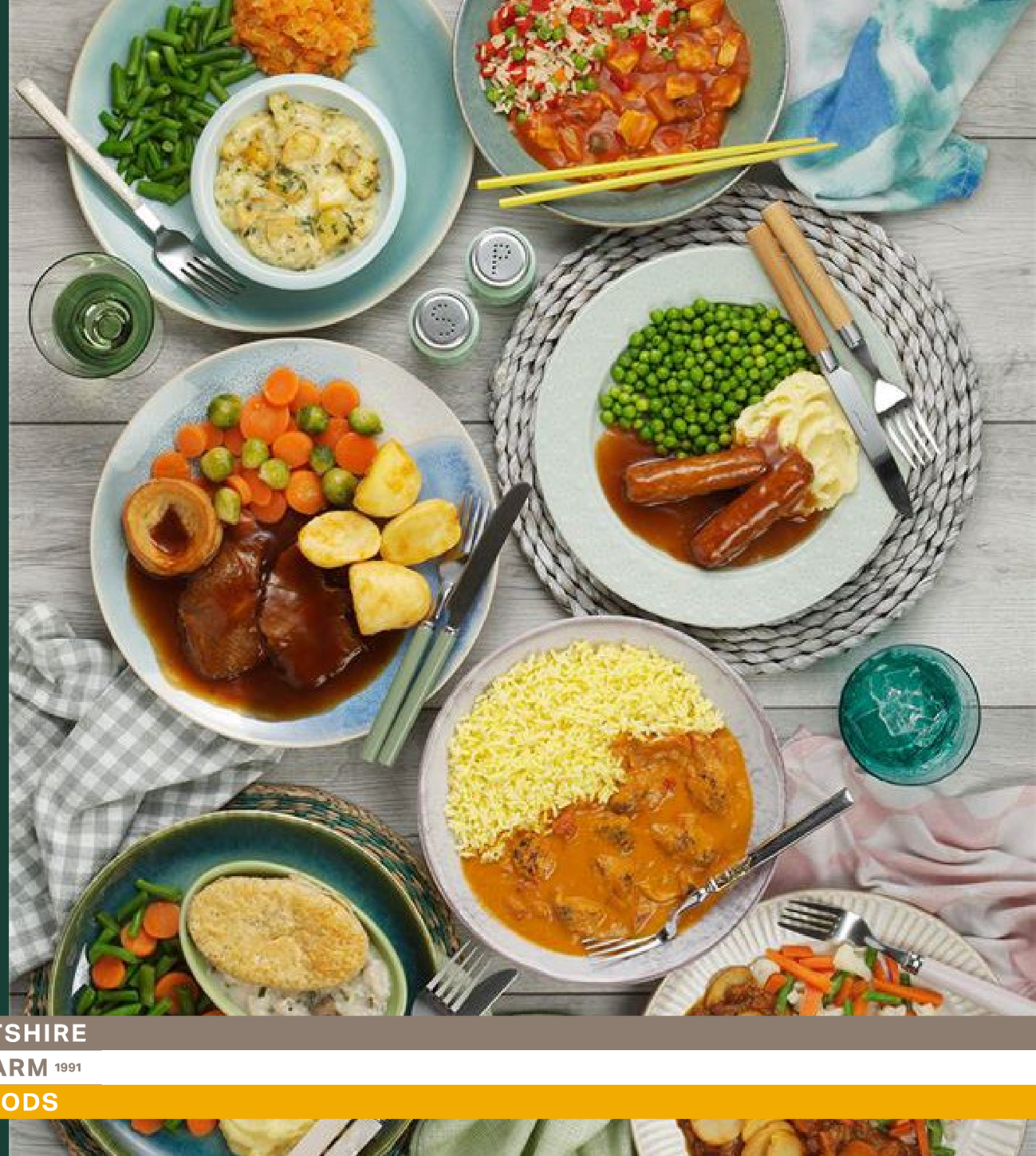
#UKMAW2025

Beyond the clinic: Addressing malnutrition and promoting social connection in older adults

Rachel Sipaul, Senior Dietitian
apetito and Wiltshire Farm Foods



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WHAT'S ON THE PLATE TODAY

1. Malnutrition Awareness Week

2. Contributing Factors

3. Food Strategies- what is being done?

Malnutrition Awareness Week

MAW Data 2019-2023

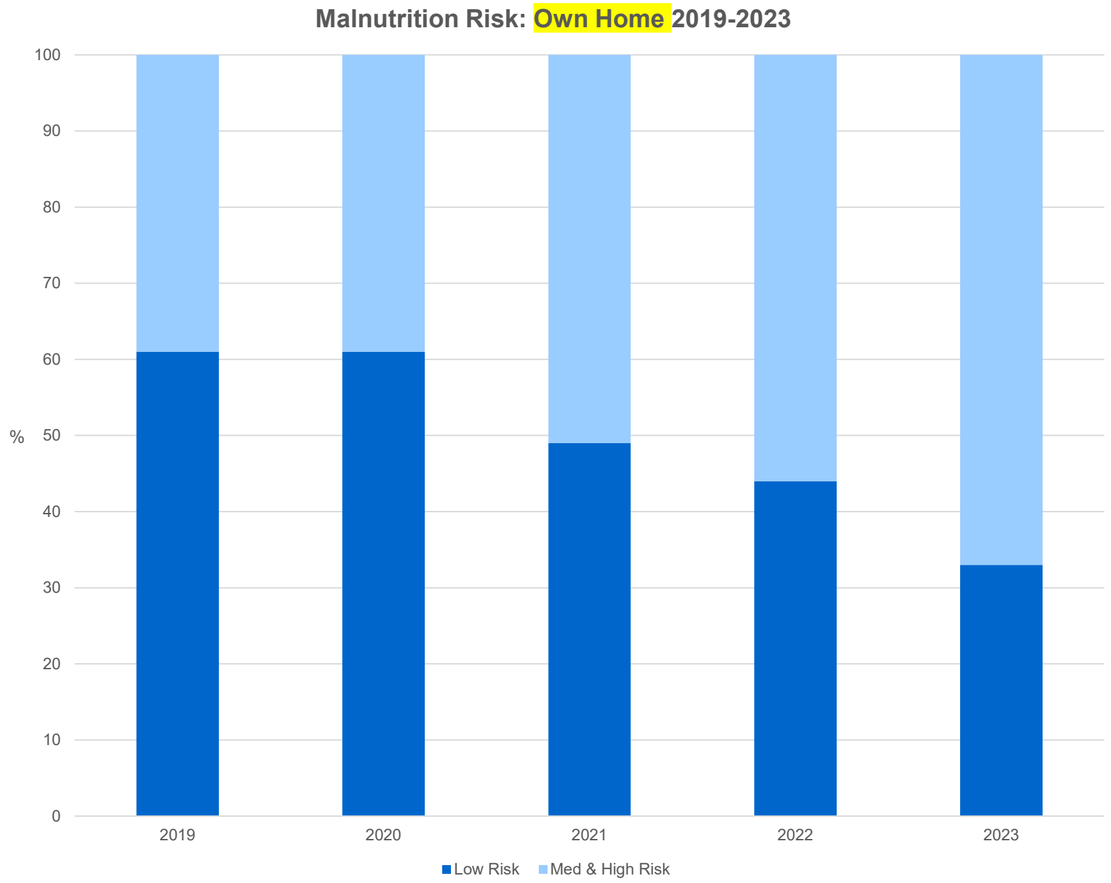
Year	Number Screened
2019	1302
2020	1183
2021	1299
2022	1543
2023	2250
TOTAL	7577

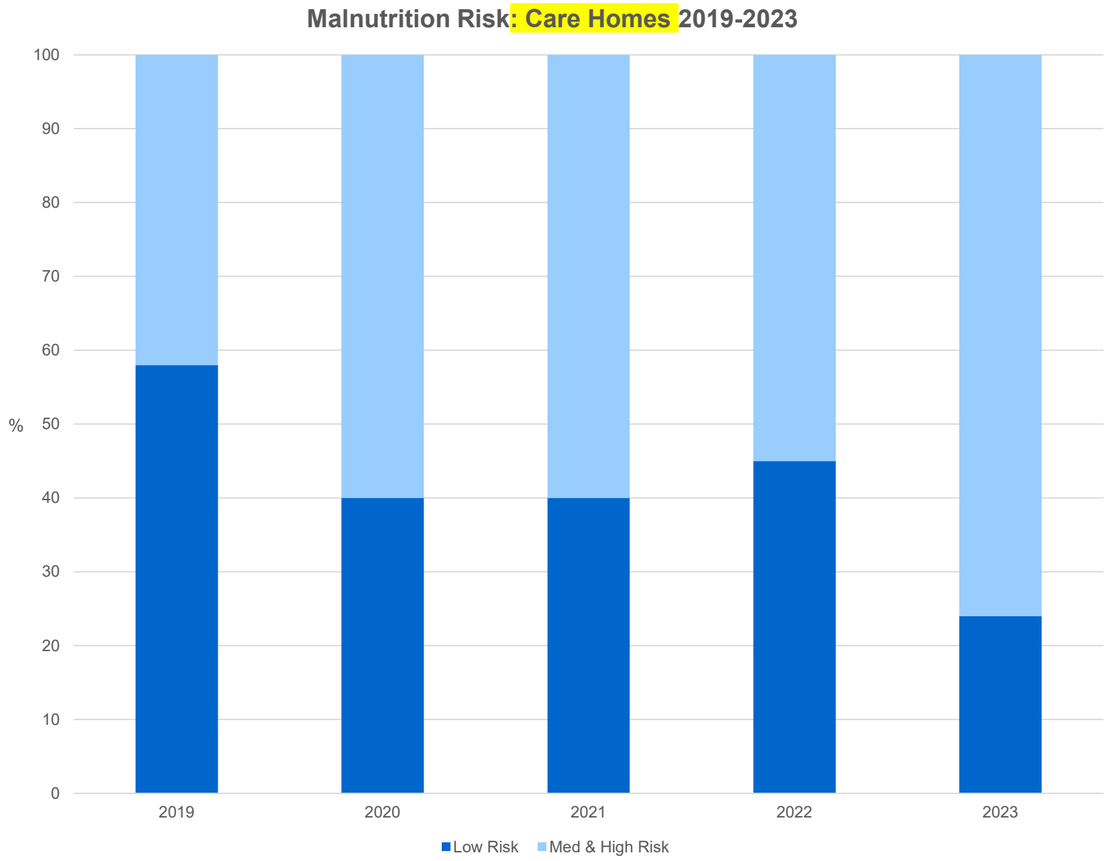
Country

Country	Number screened	Percentage
England	5738	76%
Wales	1569	21%
Scotland	156	2%
Northern Ireland	61	<1%
Republic of Ireland	53	<1%

BAPEN https://www.bapen.org.uk/reports/in-touch/malnutrition

Individual reports: 2019-2023





Consolidated Data : 2019-2022

Number screened: n5327

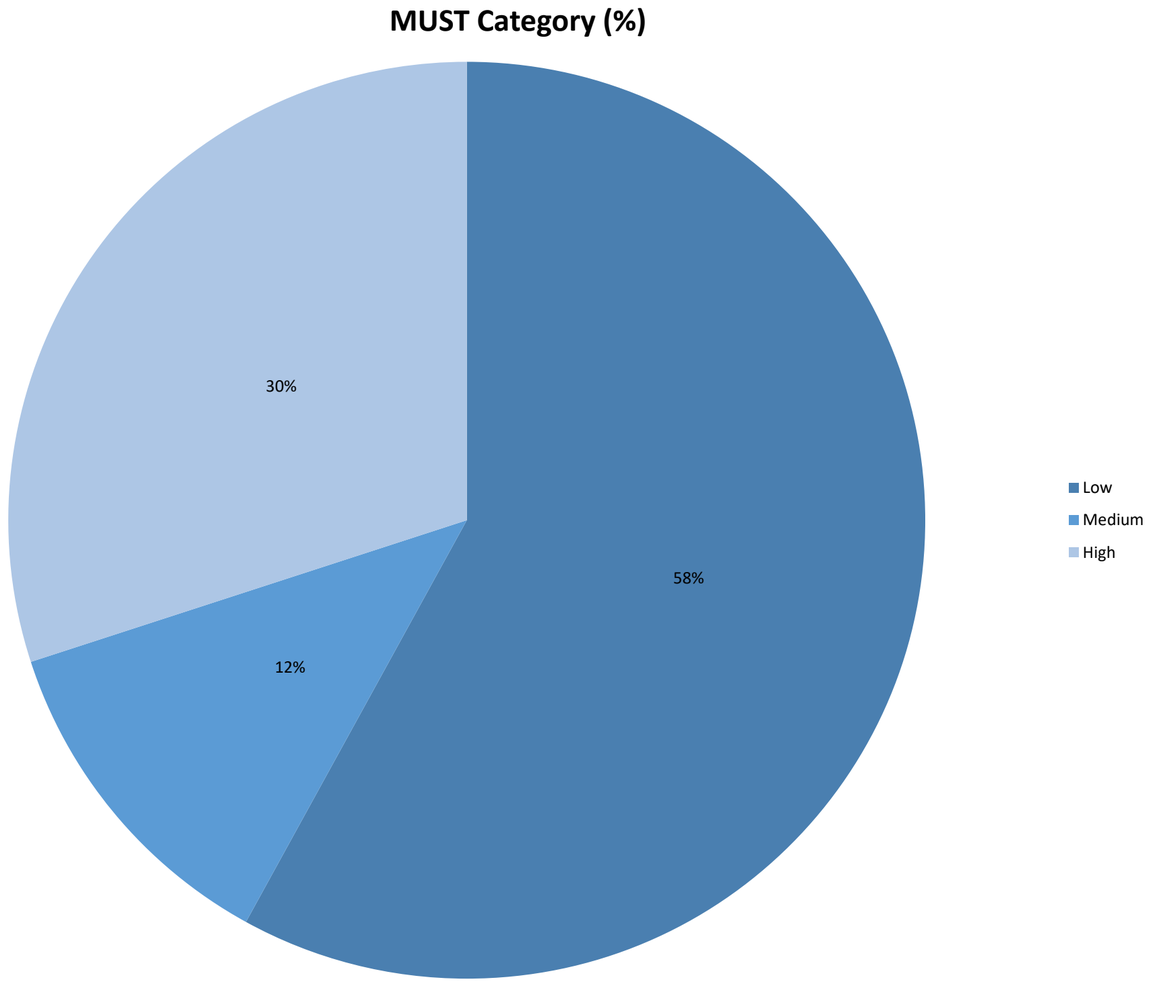
Country: 78% England

Age: mean 72 years (73% >65years)

Gender: Female 53%, Male 47%

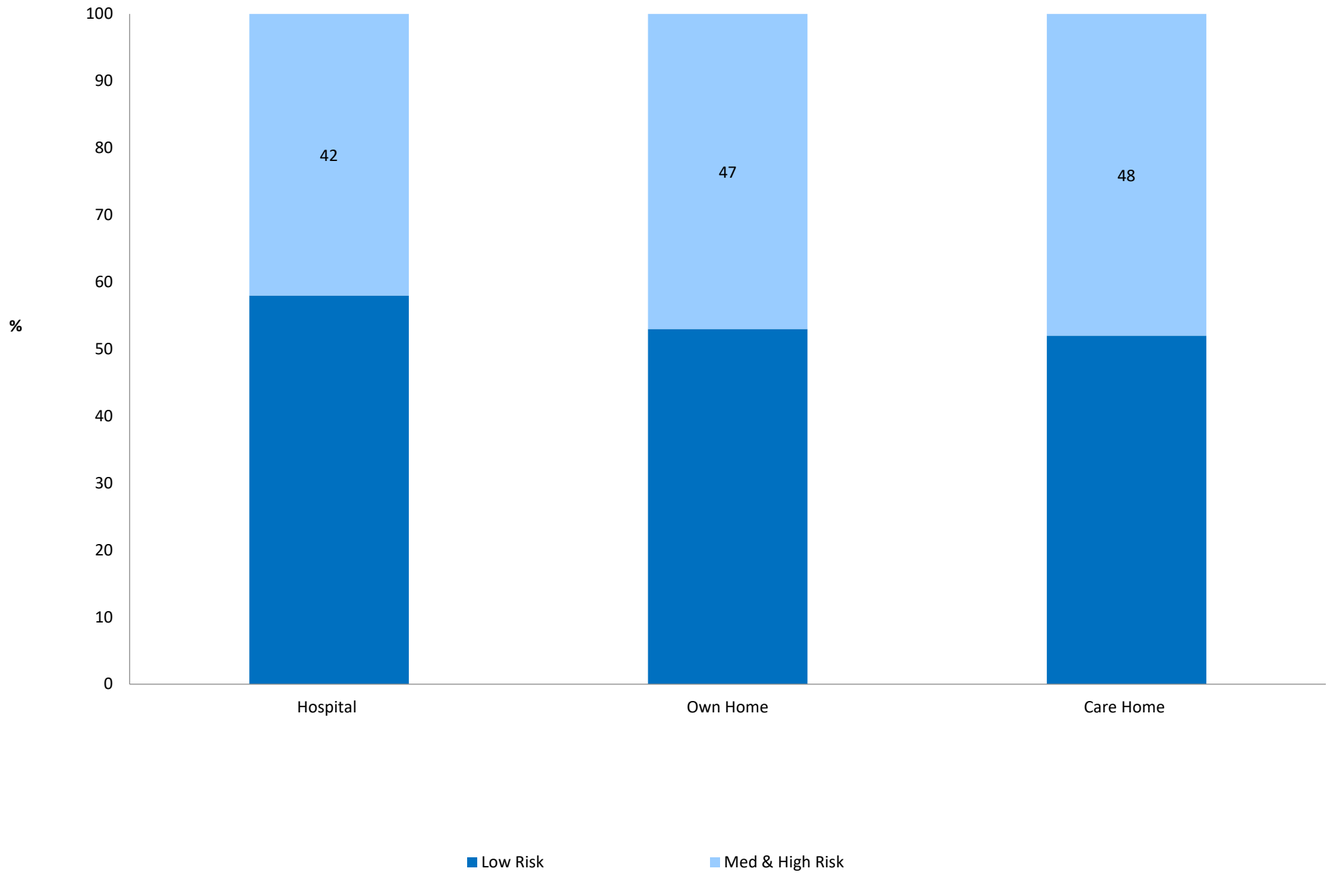
BMI: mean 24.8 kg/m^2 (18.5% obese)

	Number Screened	Percentage
Hospital	**3762**	**71%**
Community	**1562**	**29%**
-Care Home	***601***	***11%***
-Own Home	***480***	***9%***
-Community Hospital	***298***	***6%***
-Mental Health Unit	***181***	***3%***



Stratton, R.J. et al. Prevalence of malnutrition and use of nutritional care in Great Britain – results of annual BAPEN surveys. Clinical Nutrition ESPEN, Volume 69, 1147

Consolidated Data Settings : 2019-2022 (continued)



In the community (own homes and care homes) Just under 50% are at risk of malnutrition

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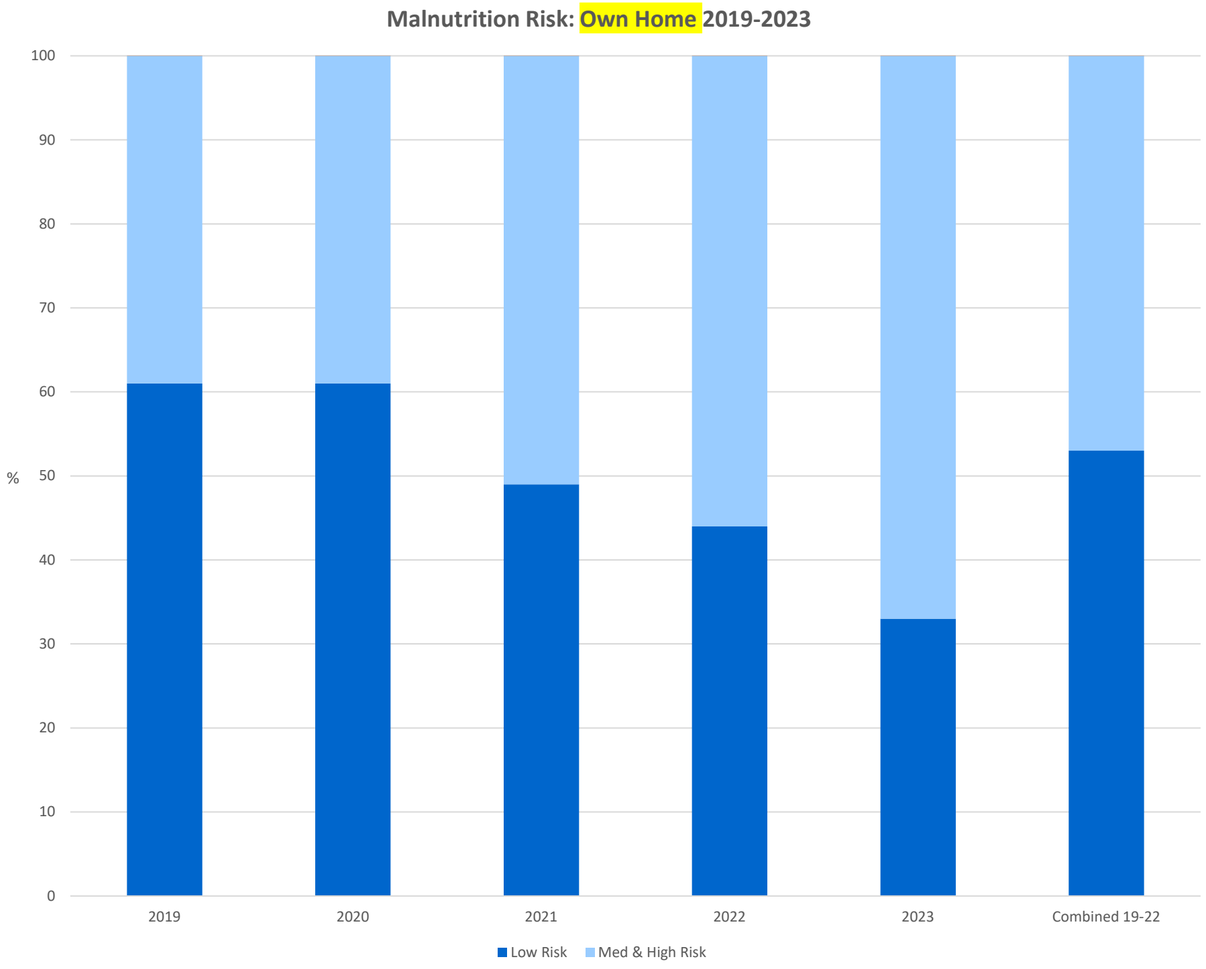
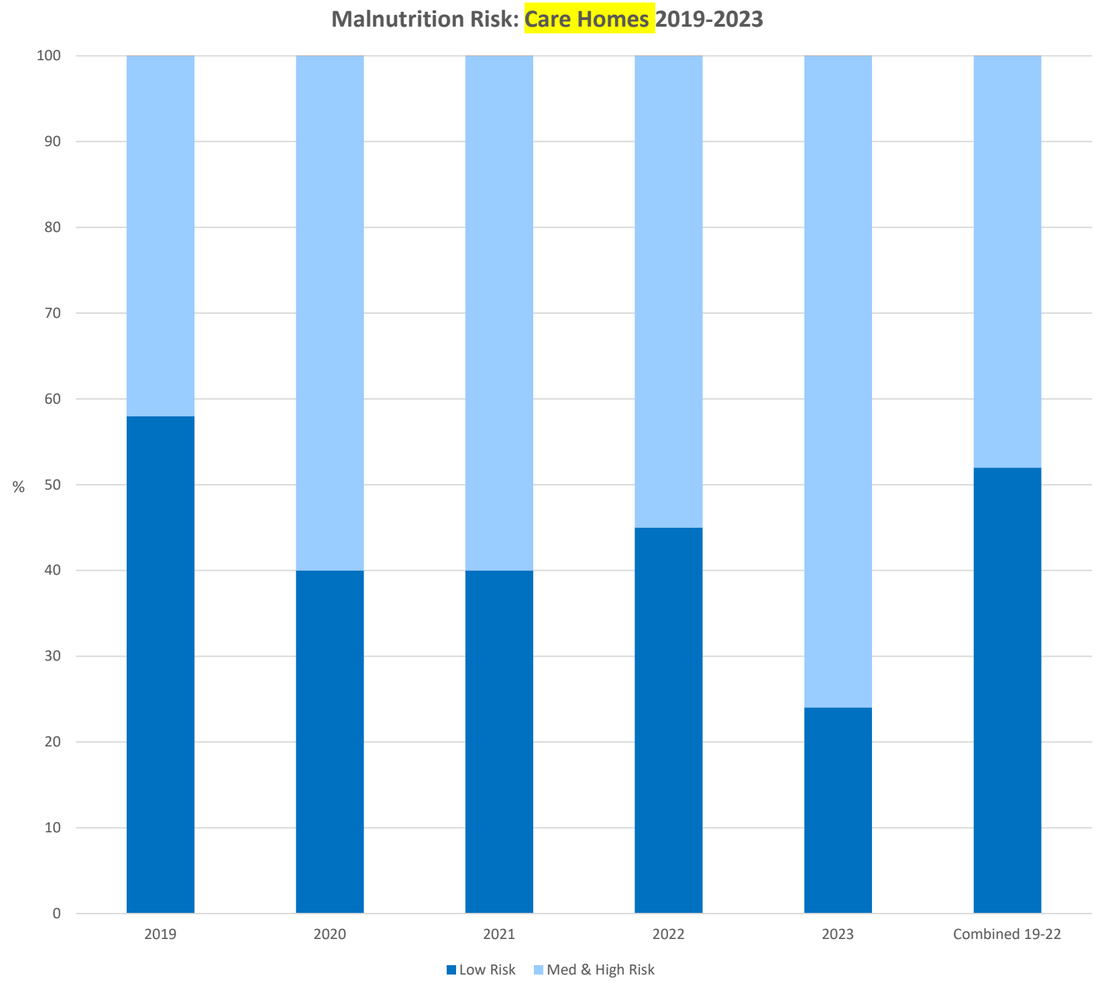
Individual Reports and Consolidated Data: 2019-2023





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CARE PLANS AND FOOD INTERVENTION

Consolidated Data (2019-2022)

- Nutritional Care plans were in place for

  76% of those at Medium risk

  89% of those at High risk

Of those 75% received at least 1

food intervention

Data from 2023

- Nutritional Care plans were in place for

  62% of those at Medium risk

  73% of those at High risk

Of those 89% received at least 1

food intervention

Food Interventions: Snacks, Dietitian, Food Fortification, Diet Sheet

2. Contributing Factors

Social Factors	Physical	Medical
• Living in isolation • Limited knowledge of nutrition • Limited cooking skills • Alcohol or drug dependency • Poverty and economic circumstances • Limited mobility or lack of transport resulting in difficulty accessing food	• Poor dentition • Loss of appetite due to loss of smell or taste • Physical disabilities which reduce an individual's ability to cook or shop for themselves	• Conditions causing a lack of appetite (such as cancer or liver disease) • Mental health conditions • A condition that reduces the body's ability to absorb or utilise nutrients • Dementia • Dysphagia • Vomiting or diarrhoea • Eating disorders • Multiple medications

Copied from BDA Nutrition and Hydration Digest. 3rd Edition, 2023
Chapter 1: The Significance of Nutrition and Hydration - BDA

Malnutrition is usually multifactorial

Physiological aspects of ageing, physical and mental impairments, disease, medications, social settings and dietary factors

Modifiable determinants of malnutrition

Table 3
Domains of potentially modifiable determinants.

Domain name	Included determinants (n = 30)
Oral	1. Dental status
	2. Chewing
	3. Mouth pain
	4. Gum issues
	5. Swallowing
Psychosocial	6. Cognitive function
	7. Depression/depressive symptomology
	8. Psychological distress
	9. Anxiety
	10. Social support
	11. Residential status
	12. Transport
	13. Loneliness
	14. Wellbeing
	15. Meals on wheels
Medication and care	16. Medication and polypharmacy
	17. Hospitalisation
Health	18. Co-morbidities
	19. Functional health status
	20. Eating dependency/difficulty feeding
	21. Self-perceived health
Physical function	22. Activities of daily living, performance or strength
Lifestyle	23. Smoking
	24. Alcohol
	25. Physical activity
Eating	26. Appetite/leaves food on plate
	27. Complaints about taste of food
	28. Dietary factors – nutrient intake and modified texture diets
	29. Hunger
	30. Thirst

Older adults (>65 years)

23 studies reviewed

30 determinants across 7 domains

Studies had high bias and low quality

Table copied from O'Keeffe M, Kelly M, O'Herlihy et al EM; MaNuEL consortium. Potentially modifiable determinants of malnutrition in older adults: A systematic review. Clin Nutr. 2019 Dec;38(6):2477-2498. doi: 10.1016/j.clnu.2018.12.007. Epub 2018 Dec

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Moderate evidence to support that

-hospitalisation

-eating dependency

-poor self-perceived health

-physical function

-poor appetite

are determinants of malnutrition

Table copied from O'Keeffe M, Kelly M, O'Herlihy et al EM; MaNuEL consortium. Potentially modifiable determinants of malnutrition in older adults: A systematic review. Clin Nutr. 2019 Dec;38(6):2477-2498. doi: 10.1016/j.clnu.2018.12.007. Epub 2018 Dec

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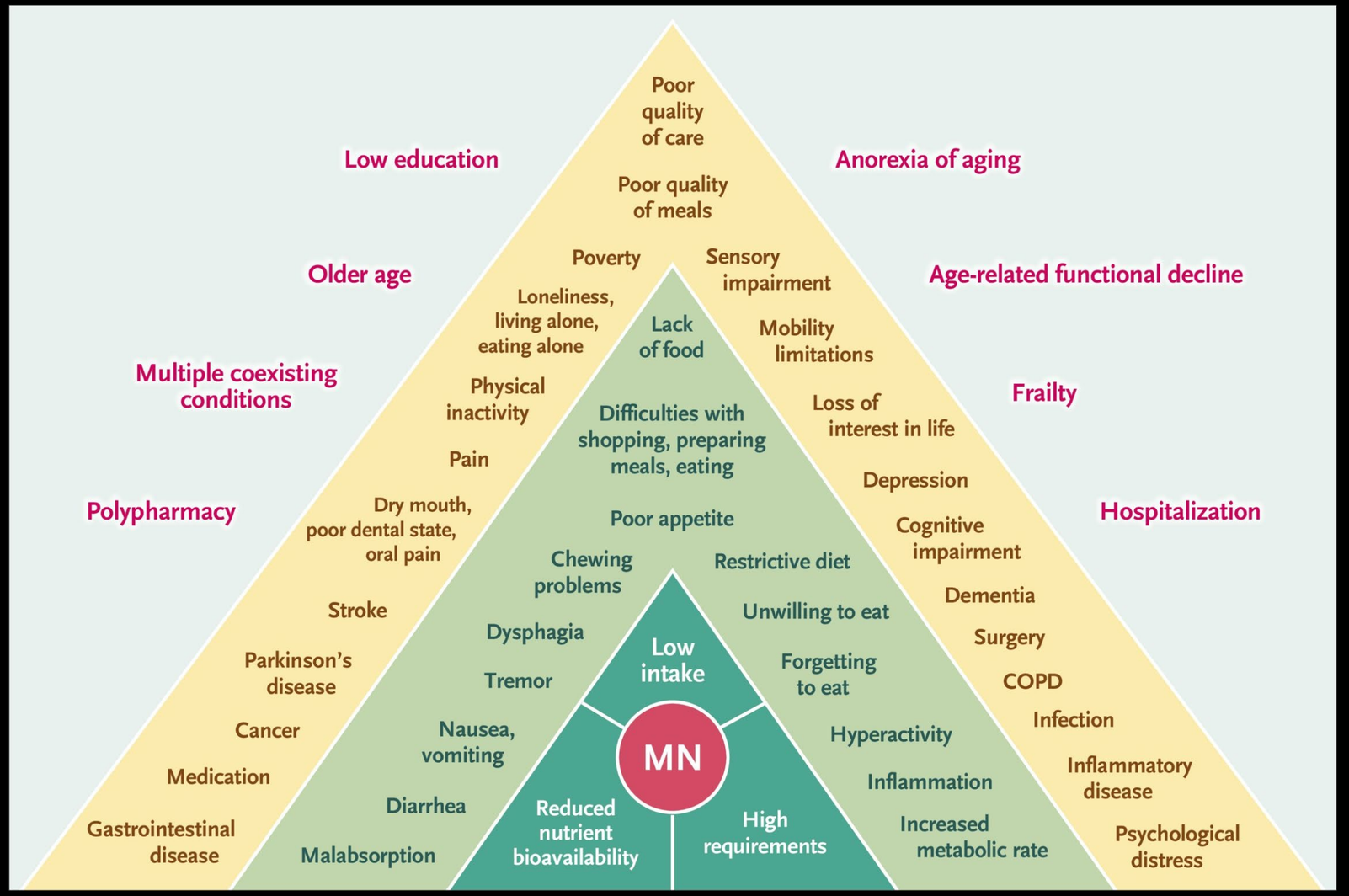
The Determinants of Malnutrition in Aged Persons (DoMAP) model

Malnutrition in Older Adults Alfonso J. Cruz-Jentoft, M.D., Ph.D.,1 and Dorothee Volkert, Ph.D.
N Engl J Med 2025;392:2244-55. DOI: 10.1056/NEJMra2412275 Copyright © 2025 Massachusetts Medical

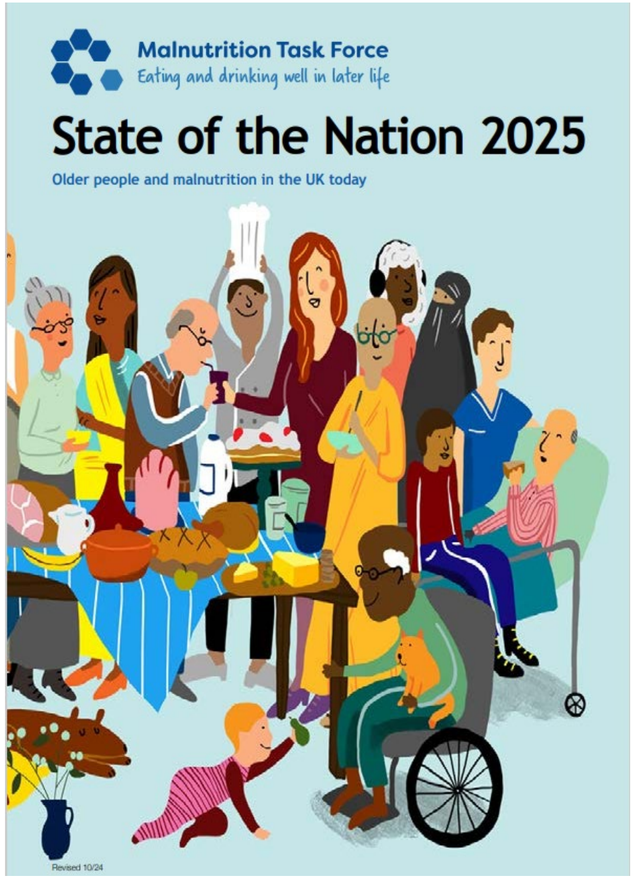
DoMAP Model
-model developed in a multistage consensus process
-limits the number of potential influencing factors (expert opinion)
-reflect causal mechanisms by classifying direct and indirect factors in adjacent levels
-model is not validated, suggest may be a useful checklist to help identify persons at risk of malnutrition

Determinants of Malnutrition in Aged Persons (DoMAP) Model.



Cruz-Jentoft AJ, Volkert D. N Engl J Med2025;392:2244-2255

2. Contributing Factors



https://www.malnutritiontaskforce.org.uk/

BAPEN

British Association for Parenteral and Enteral Nutrition (BAPEN) Position Statement

Malnutrition: Balancing Disease-Related and Psychosocial Aspects of Nutritional Care

By E.L. Parsons, E. Walters and N. Thompson on behalf of BAPEN

BAPEN

Screen for malnutrition risk:

- Use validated nutrition screening tools like 'MUST' to identify those at risk, and repeat assessments according to national and local guidelines.

Assessment:

- **Explore psychosocial and physiological factors:** Ask about appetite, mood, isolation, financial constraints, and access to food, in addition to assessing clinical conditions and anthropometry.

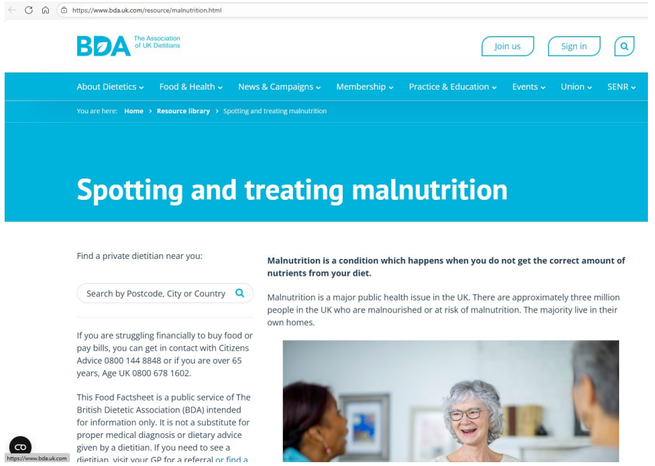
Care planning:

- **Collaboration across disciplines:** Work with dietitians, social workers, mental health professionals, and community support services to develop integrated care plans.
- **Tailor interventions:** Consider not just the medical condition, but also the person's living situation, support network, and preferences when planning nutritional care.
- **Educate and empower:** Provide patients and carers with practical advice and resources to support nutritional wellbeing at home.

Monitoring and review:

- Ensure continuity of care across settings, especially during transitions such as hospital discharge.

www.bapen.org.uk/pdfs/position-statements/position-statement-on-malnutrition.pdf



www.bda.uk.com/resource/malnutrition

3.Food Strategies- what's being done?

Effectiveness of Interventions to Improve Malnutrition Among Older Adults Living with Frailty who are Discharged from the Acute Setting: A Systematic Review (2025)

-Effectiveness of nutrition interventions for malnourished, frail older adults (>65yrs) who are discharged from an acute setting

-Main outcome was assessing the effects of nutrition interventions on malnutrition, nutrition status, physical function, frailty, food intake and quality of life

-Nutrition interventions: nutrition counselling, ONS, multidisciplinary strategies,

-6 studies included in the review (clear gap in research)

Most promising approach: Dietitian-led, individualised nutrition strategies combining high-protein, high-energy meals with tailored education and ongoing support

S, O'Connor M, Mohamed A, Keller H et al.. *Nutrients*. 2025; 17(19):3181. https://doi.org/10.3390/nu17193181

3.Food Strategies- what's being done?

Provision of a daily high protein and high energy meal: Effects on the physical and psychological wellbeing of community-dwelling, malnourished older adults; a randomised crossover trial (2025)

-56 community dwelling older adults (82yr, 70% female) randomised to 12 weeks meal provision and 12 weeks no intervention

-Intervention was a high protein (~47g/day) and high energy (~770kcal/day) home delivered (Dartmoor Community Kitchen Hub)

-Meal intervention significantly increased energy (252kcal) and protein intake (0.20g/kg)

-12 weeks improved nutritional status and handgrip strength, benefits were not retained upon removal of the intervention (meal)

'Home delivered meals offer a popular, and scalable intervention for community dwelling older adults to prevent malnutrition…'

Struszczak L, Hickson M, McClelland I et al. Provision of a daily high protein and high energy meal: Effects on the physical and psychological wellbeing of community-dwelling, malnourished older adults; a randomised crossover trial. J Nutr Health Aging. 2025 Feb;29(2):100429. doi: 10.1016/j.jnha.2024.100429. PMID: 39662153; PMCID: PMC12180064

3.Food Strategies- what's being done?

Social isolation, loneliness and low dietary micronutrient intake amongst older people in England (2024)

-Study evaluated whether isolation and loneliness are related to inadequate intake of micronutrients in the diet.

-3713 older adults (mean age 68yrs) and looked at associations between dietary intake (24hr diet recall) and loneliness and isolation (part of the English Longitudinal Study of Ageing)

Found an association between social isolation and sub-optimal intake of micronutrients (magnesium; potassium; vitamin B6; folate; Vitamin C)

No association was found between loneliness and micronutrient intake

Conclusion

- **Data from MAW's reports that malnutrition rates in care homes and for those living in their own homes are just under 50%**

- **Malnutrition is multifactorial, with a new model which classifies determinants according to the causal effect**

- **New data published form 2025 supports food intervention strategies**

Food Train

supporting older people

Preventing Malnutrition in the Community

Jen Grant - Dietitian

Food Train SHOPPING

Food Train AT HOME

Food Train FRIENDS

Food Train LIBRARY

Food Train MEAL MAKERS

Food Train EAT WELL AGE WELL

Food Train CONNECTS

Food Train

- Food Train is a Scottish charity that works to support older people to eat well, age well and live well at home
- Started in Dumfries 30 years ago by a group of older people that wanted to help their peers in the community
- Over the last 10 years Food Train has expanded to tackle the growing issues of loneliness, isolation, food access and malnutrition in Scotland.

Grocery shopping and delivery

Befriending

Library Service

Pop Up Cafe

Meal Makers

Telephone Advice Line

Eat Well Age Well

- Project established in 2018 following stakeholder feedback around malnutrition prevention and lack of resources
- Aims to improve prevention, detection and early intervention of malnutrition among older people living at home in Scotland
- Primarily target first line interventions i.e. before a dietetic referral is needed

Capacity Building

Screening

Policy & Influencing

Resource Development

Malnutrition in Scotland – EWAW Data

- EWAW collects data from partnership organisations across Scotland
- Patients Association Nutrition Checklist is generally the tool used to identify risk
- Data collected on those aged 65+ living in their own homes
- 45% of our data is from Food Train members
- Data on risk factors primarily collected from Food Train members

Malnutrition in Scotland – EWAW Data

6518 older people screened since Jan 2019 (2901 Food Train Members)

17% of at risk of malnutrition

- Other data gathered supports known malnutrition risk factors

✓ Malnutrition risk increases as health declines

✓ Malnutrition risk increases with age

✓ Lack of companionship increases malnutrition risk

Setting the Scene for Food Train

20% of Food Train members are at risk of malnutrition

87% of older people using Food Train live alone

12% of Food Train members rate their health as Poor

22% of Food Train members struggle to make as many home cooked meals as they used to

62% of Food Train members report feeling lonely or isolated at least some of the time

22% of members have changed the way they eat due to the rise in cost of living in the last year

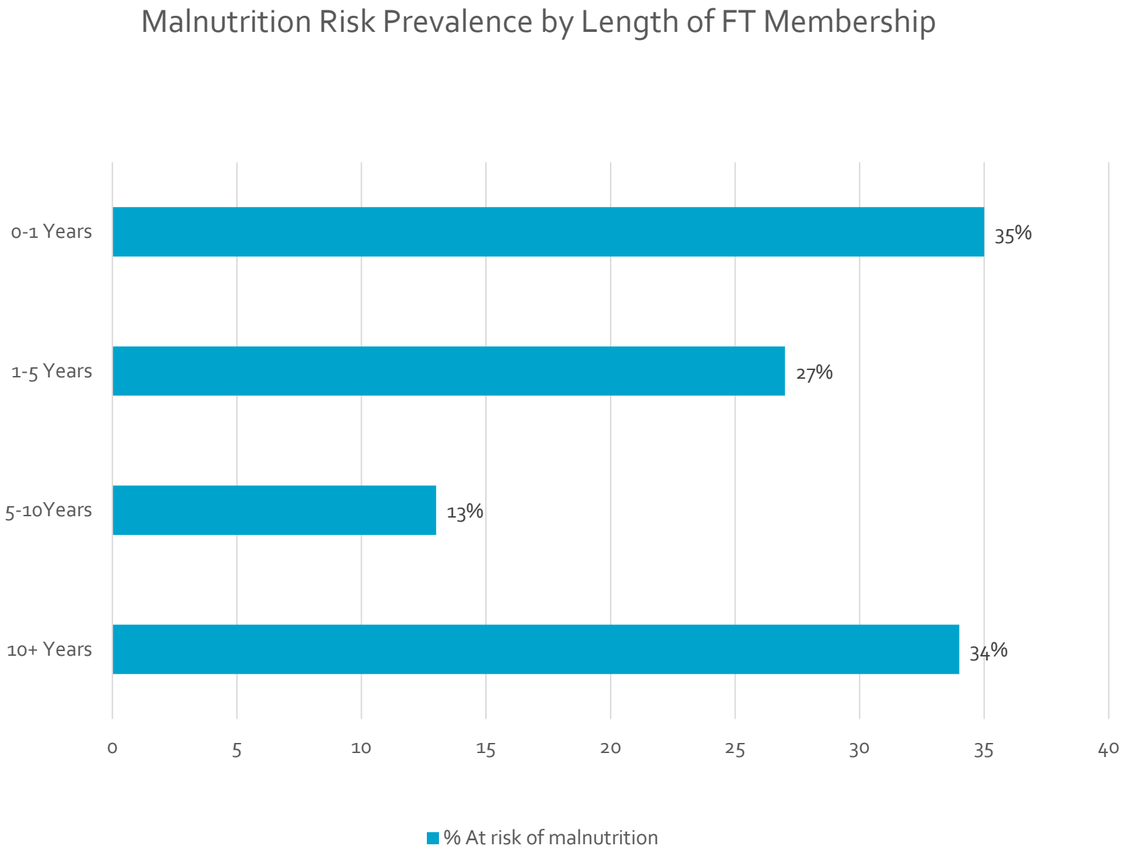
Shopping Service

- Grocery shopping and delivery service that aims to support older people to access the food and other essentials that they need.
- Available in 11 local authority areas – funding dependent
- Cost: £1 annual membership charge and £7 per delivery

How it Works

Older person signs up or is referred → Malnutrition screening and other info gathering takes place → Member places order on a Monday via phone call or written list → Volunteers complete shopping → Volunteers deliver shopping

Shopping Service Outcomes



48,846 deliveries in the last year

"Having our shopping delivered enables us to have a more varied diet"

"it has helped her to eat high quality meals consistently each week"

"Your service is a lifeline for me because I don't have to ask anyone to shop for me"

Meal Makers

- A community-based meal sharing initiative that aims to reduce social isolation, loneliness, and malnutrition among older people
- Goal is to create sustainable, mutually enriching relationships between older adults and local volunteers based around sharing meals
- Funded by Scottish Government grant and service user charge of £5per month

How it Works

Older person signs up as a Diner

Volunteer signs up as Cook

→ Cook and Diner matched based on location, preferences, interests and personalities

→ Cook prepares extra portions of home cooked meal

→ Cook visits Diner once per week to share meal together

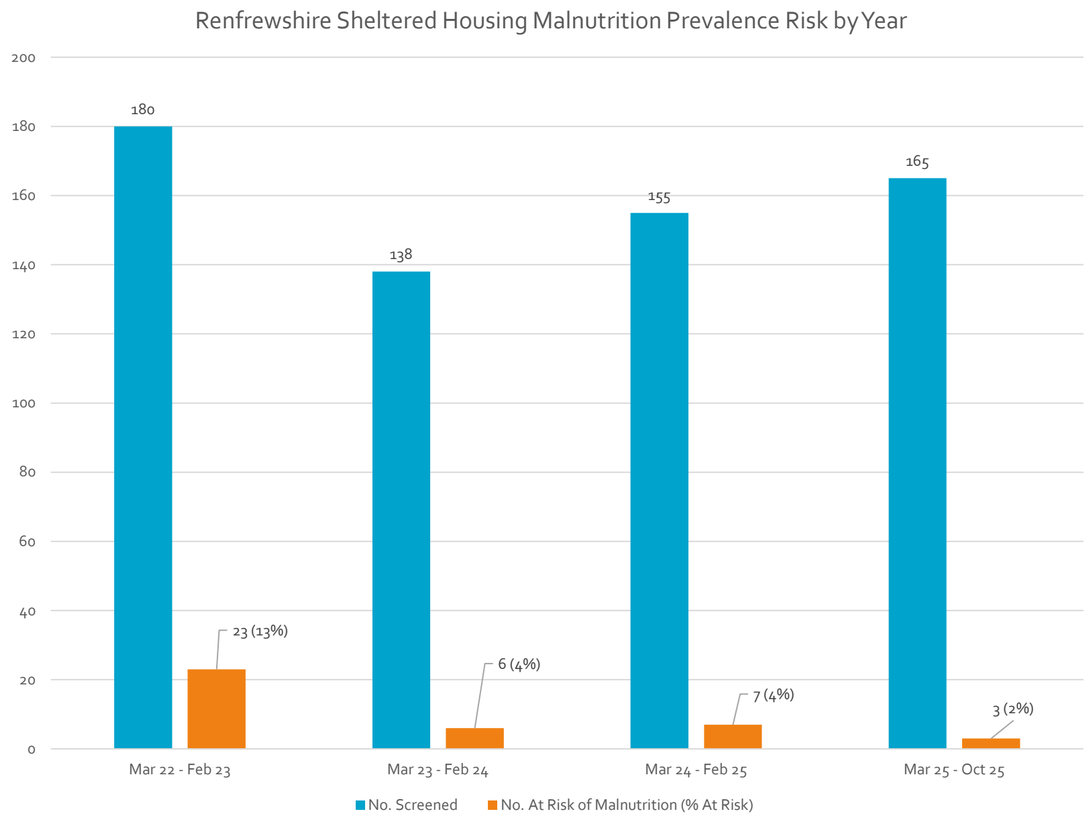
Meal Makers Outcomes

- Over 100,000 meals shared over the last 10 years
- Matches vary in length from 6 months to 10 years
- Benefits reported by diners and cooks
  - Reduced social isolation and loneliness
  - Improved dietary intake
  - Improved confidence in living alone
  - Improved feelings of connection in their community

“Half the time it’s not just the meal; it’s the conversation we have. It’s a bit of company - sometimes [the cook] is the only person I see all week. We’ve become friends, I can speak to [the cook] about anything.”

Renfrewshire Sheltered Housing

- Eat Well Age Well project in partnership with sheltered housing complexes in Renfrewshire
- Since March 2022 malnutrition risk screening (using PANC) has been embedded into six monthly care plan reviews
- EWAW provided training and support around malnutrition and food based first line interventions
- Staff now provide first line advice and support to tenants at risk of malnutrition



Food Train
supporting older people

Eat Well Age Well Advice Line

- Set up initially to provide malnutrition specific advice
- Available to everyone aged 65+ and those who work with and care for them for any dietary concern
- Works alongside Food Train and other organisation's screening projects
- Staffed by Dietitian with provision for trained volunteers if needed

36 calls this year

Majority of calls from older people

Poor appetite or diabetes top reason to call

Many seeking clarity on previous advice

Food Train in Summary

- Our most successful projects join food and social connection in a way that preserves dignity and choice for older people
- Early intervention through projects that tackle risk factors does work
- Awareness of malnutrition remains variable across Scotland, so interventions remain variable
- Funding challenges pose a significant threat to community projects and prevention work that support older people

Get in Touch!

- Email: Jen.grant@thefoodtrain.co.uk
- Website: www.thefoodtrain.co.uk

Project Links

- Malnutrition Screening Report September 2025. https://thefoodtrain.co.uk/wp-content/uploads/2025/09/Malnutrition-Screening-Report-September-2025.pdf
- Patients Association Nutrition Checklist. https://thefoodtrain.co.uk/eat-well-age-well/screening/patients-association-nutrition-checklist/
- Renfrewshire Sheltered Housing Report 2025. https://thefoodtrain.co.uk/wp-content/uploads/2025/05/Renfrewshire-Sheltered-Housing-Malnutrition-Screening-Update-2025.pdf
- Eat Well Age Well Advice Line. https://thefoodtrain.co.uk/eat-well-age-well/resources/eat-well-age-well-advice-line/
- Meal Makers. https://thefoodtrain.co.uk/how-we-help/meal-makers/

BDA conversations: resources

Join our HCP Community Today | Wiltshire Farm Foods

IDDSI Compliant Texture Modified meals in three different textures; Level 4 Purée, Level 5 Minced and Level 6 Soft & Bite-Size. Level 4 Purée meals contain a minimum 500 kcals and 15g protein.

wiltshirefarmfoods.com

Eating, drinking and ageing well

The BDA Older People Specialist Group have put together a handy document to help you choose the right foods and drinks to help you age well.

bda.uk.com

Spotting and treating malnutrition

Malnutrition is a condition which happens when you do not get the correct amount of nutrients from your diet. The simple steps outlined in this Food Fact Sheet should help to identify and treat malnutrition.

bda.uk.com

Hydration in older adults

This Food Fact Sheet will help you understand what dehydration might look like and how to either stop it from happening or manage it and how much fluid we need to drink.

bda.uk.com

Care Home Digest

The first menu planning and food service guidelines for care homes for older adults.

bda.uk.com

BDA conversations:

Addressing malnutrition and promoting social connection in older adults

FREE virtual
CPD webinar

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