In this Key Fact sheet we are referring to malnutrition in relation to undernutrition. Malnutrition can influence every system in the body. Poor immune response, reduced muscle strength, and slower wound healing (Baldwin and Weekes 2012) contribute to the increased likelihood of malnourished older adults dying or being admitted to higher levels of acute care rather than being discharged into the community (Marshall 2014).

More than three million people in the UK are at risk of malnutrition with the vast majority (93%) living in a community setting. One million older people in the United Kingdom living in their own homes are suffering from malnutrition. The health and social care costs in the UK directly associated with malnutrition comes to more than £13 billion per annum (based on 2007 prices) (Brotherton, Simmonds and Stroud 2010).

Case Study

**Dietitian-led oral nutritional support (ONS)**
The London Procurement Programme Clinical ONS Project (Forrest and Wilkie 2009) showed that a dietitian-led project was able to reduce expenditure by 15% over two years. A saving of £261,122 (12%) was forecast in 2011/12 for Outer North East London compared with a rise of almost £200,000 (10%) in 2010/11.

Role of a dietitian

Dietitians are critical to the prevention and treatment of malnutrition they:

- train healthcare professionals to identify risk of malnutrition
- increase nutritional intake and promote weight gain (Baldwin and Weekes 2014)
- are integral members of the secondary and primary care teams
- offer individualised nutrition advice, to improve functional and nutritional status in the elderly (Beck et al 2013).

**Key Fact**
The employment of a medicines management dietitian enabled the improved diagnosis and treatment of malnutrition in adults in the community across Warwickshire, with an estimated saving of between £200,000–250,000 (£48,000 per 100,000 population) (NHS SW 2011).

Greater use of healthcare and costs associated with malnutrition mean:

- 65% more GP visits
- 82% more hospital admissions
- 30% longer hospital stay (BDA, 2012)
Malnutrition risk on admission to hospital is linked to poorer quality of life (Rasheed and Woods 2014). Dietitians are essential in the creation and implementation of an effective local nutrition plan, ensuring good cost management (Skinner and Smith 2008). Dietitians coordinate hospital and community nutrition steering committees/groups, ensuring provision of appropriate nutrition management, care pathways and monitoring. In short, dietitians contribute to delivering a cost effective service.

Dietitians expertise, holistic understanding, communication skills and evidence-based practice are essential in tackling malnutrition to improve patient care and reduce costs.

**Case Study**

Dietitians working in Leeds North Clinical Commissioning Group found that less than 20% of patients were receiving oral nutrition supplements appropriately. It was calculated than an average saving of £2.62 per patient per day was achievable. An eating and drinking team was put in place across the city to implement the best care for Leeds residents. So far a total of 1,204 contacts has resulted in savings of £846,000 in three months. Increase in referrals, activity and outcomes demonstrate the need for a dietetic-led service. (Diskin and Weir 2014)

More than 3 million people in the UK are at risk of malnutrition

**Key Fact**

Oral nutrition supplements or energy dense meals, improve protein and energy intake, are recommended to prevent decline and improve health outcomes during rehabilitation (Porter and Collins 2014).

Malnutrition risk on admission to hospital is linked to poorer quality of life (Rasheed and Woods 2014). Dietitians are essential in the creation and implementation of an effective local nutrition plan, ensuring good cost management (Skinner and Smith 2008). Dietitians coordinate hospital and community nutrition steering committees/groups, ensuring provision of appropriate nutrition management, care pathways and monitoring. In short, dietitians contribute to delivering a cost effective service.

**Key Fact**

Implementing NICE Quality Standard 24 for nutrition support in adults (NICE 2012a). Nutrition support in adults is associated with cost savings of £71,800 per 100,000 population (NICE 2012b).

Full references for this Dietitian Key Fact Sheet on Paediatric Diabetes can be found at www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts
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