THE ISSUE
Malnutrition (1) should not be, but is, a very real and current problem in the Northern Ireland population. It occurs when a person’s diet does not meet their nutritional needs. Malnutrition is estimated to have affected over three million people in the UK pre-COVID, with over a third being over the age of 65. The vast majority are in the community, living at home, with many unknown to healthcare services. COVID-19 has considerably impacted nutritional health and increased risk of malnutrition among vulnerable communities. Since the beginning of the pandemic, it has been reported that nearly five million adults are experiencing food insecurity. (2) As we move towards winter and the ‘flu season’, ongoing social distancing measures and shielding recommendations will continue to affect the normal means of accessing food. Social isolation and loneliness can often be significant underlying social causes of malnutrition. The consequence of all of these factors is creating a perfect storm for significant increase in malnutrition.

Malnutrition, in particular, undernutrition, has a significant impact on the immune system, increasing vulnerability to the effects of COVID-19 and other infectious diseases. Malnutrition impacts on frailty through muscle wasting and cognitive impairment, leading to an increased risk of falls and an inability to go about typical daily tasks, such as buying or preparing food. A parallel risk of anxiety and depression is also a concern.

SPOTTING MALNUTRITION
Malnutrition has a devastating impact on physical health, wellbeing and quality of life, yet it is preventable! Raising awareness of the risk of malnutrition is vitally important now and in the coming months. It can affect anyone. A challenge is detecting community cases of malnutrition. Malnutrition can happen over a long period of time which sometimes makes it difficult to spot. It is important for all involved in health and social care to be aware of the common signs of malnutrition:

- Unplanned weight loss – which causes clothes, dentures, belts or jewellery to become loose
- Tiredness or lethargy
- Alterations in mood

(3, 4, 5) A study showed that people over 65 living alone have a significantly lower body mass index compared with those living with their family. Socially isolated older people often experience reduced appetite, eat fewer meals in a day, and have a lower intake of protein, fruit, and vegetables in their diet. We all have experienced a reduction in social connection over this COVID-19 crisis, perhaps allowing us to better understand how being socially isolated makes an individual feel. During the COVID-19 pandemic, older people have been at increased risk of loneliness due to self-isolation, social distancing, shielding, and visiting restriction rules in hospital and care homes. Community day centres, places of worship, and lunch clubs have been temporarily closed as result of the restrictions. Older people staying at home may struggle with shopping and cooking but lack support to overcome these problems.
Dietitians role

Dietitians have the expertise both at an individual patient and strategic level to identify and treat individuals, and also train others to prevent and treat malnutrition. The potential for good nutrition to improve the health of the vulnerable population is huge and should be a priority for all involved in health and social care. Preventing malnutrition will save healthcare resource and money. The overall cost of treating a malnourished patient is two-to-three times more than treating a non-malnourished patient, with consequences including wound healing, increased risk of infections and complications and increased number of hospital stays and GP visits. (6) Strategies are needed that prevent, detect and treat malnutrition in the community. Nutrition screening and early interventions in those identified as being at risk of malnutrition, have been shown to be cost-effective approaches.

Additionally, regular nutritional monitoring and investment in services (e.g. community food and meal provision services) all allow for saving opportunities. (7) Dietitians play a significant role in the treatment and management of malnutrition in a range of settings. Evidence shows that dietetic care, delivered as part of a multidisciplinary approach, is both clinically effective (8) and cost-effective (9) in the management of malnutrition.

As well as improving nutrition and hydration status, dietitians positively impact on health outcomes, including patient wellbeing, patient self-management, patient function (i.e. activities of daily living) and bowel function. Symptoms such as nausea, swallowing problems, taste changes are treatable through dietitian-led nutrition interventions. As with all age groups and health conditions, dietitians offer individualised nutritional advice, tailored to the specific needs of the individual.

Through the expertise and leadership of dietitians, it is possible to integrate nutrition into local care pathways (including those for long-term conditions) for all community health and social care settings. Dietitians have the skills to train other healthcare professionals to identify the risk of malnutrition and thereby enhance effective multidisciplinary team working. Dietitians are ideally placed to liaise with health and social care services to ensure that vulnerable individuals living independently have access to nutrition support services.

BDA Influencing and Supporting

The Older People Specialist Group (OPSG) of the BDA are the group for dietitians with an interest in older people’s nutrition. One of the aims of the group is to champion the use of food as treatment in cases of malnutrition. OPSG have produced Guiding Food Principles to demonstrate BDA and dietitians commitment to help keep older people nutritionally ‘well’ by highlighting the need to identify and act for people who are nutritionally vulnerable and advocating a food first approach to treating malnutrition in addition to or instead of prescribed nutritional supplements.

BDA are delighted to support the UK Malnutrition Awareness Week 2020 which will run from 5th to 12th October 2020. During the week, BDA will be working to raise public awareness of malnutrition and help people look out for signs and symptoms.

REFERENCES

1. NICE defines a person as malnourished if they have any of the following: a BMI of less than 18.5 kg/m2, unintentional weight loss greater than 10% within the last 3–6 months, a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3–6 months. https://www.nice.org.uk/guidance/cg77.

Further reading and resources

BDA Older People Specialist Group

www.bda.org/olderpeople

Guiding food principles

The BDA Older People Specialist Group is making a pledge to:

1. help keep older people nutritionally ‘well’
2. highlight the need to identify and act for older people who are nutritionally ‘vulnerable’
3. champion an evidence based (NICE CG32 and CG34) ‘food first’ approach to treating malnutrition in addition to or instead of prescribed nutritional supplements. We will:

Promote the need for a varied daily diet consisting of:

- Meals are a positive experience that acknowledge the health benefits and pleasure of food.
- Three to four meals with additional between meal snacks as appropriate
- All meals
- Foods rich in dietary carbohydrate and fibre
- Foods rich in high quality protein
- Fruits and vegetables
- Foods containing calcium and vitamin D (to support bone health)
- All adults should consider taking 13ug Vitamin D supplement during autumn and winter months. If access to safe sunlight exposure is limited, consider daily 13ug Vitamin D supplement all year round.
- Calcium rich foods (e.g. dairy and leafy green vegetables)
- Foods high in Magnesium (e.g. dairy, broccoli, nuts, legumes)

Promote good levels of hydration by highlighting:

- The need for at least 8 glasses (200ml) of fluid throughout the day, every day
- That this may mean drinking more fluid than some older people are used to
- That all fluids, except alcohol, count towards your fluid intake, not just water
- That some foods can also add to your fluid intake

Promote a healthy weight by increasing awareness that:

- Healthy weight for older people may be higher than healthy weight for younger adults (a Body Mass Index (BMI) of 24 – 31 kg/m2 can be considered healthy in people aged 70 years and over)
- Losing weight is not a normal part of ageing, and eating the right amount of food to maintain a healthy weight may mean eating smaller portions
- Treating malnutrition using additional nutrient rich foods (‘food first’ approach) can be effective and can reduce inappropriate requests for prescribed nutritional supplements

Promote the importance of continued exercise/activity to:

- Maintain or improve muscle mass
- Improve appetite
- Improve mobility

Promote making each contact count conversations:

- To maintain nutrition for older people by using key questions which can help to identify key issues.

1. Are you thin or have you lost weight without trying to?
2. 5. Do you need help with eating / drinking?
3. Are you able to prepare / access 2 - 3 between meal snacks per day?
4. Are you able to prepare / access 4 - 6 meals per day?
5. Are you able to prepare / access 2 - 3 between meal snacks per day?
6. Are you able to prepare / access 4 - 6 hot or cold drinks per day?
7. Do you need help with eating / drinking?
8. Do you have any problems with your teeth or dentures which might stop you from eating?
9. Are you thin or have you lost weight without trying to?

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BRITISH DIETETIC ASSOCIATION

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