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North of England Commissioning Support

Medicines Optimisation

Guidelines for managing unintentional weight loss in adults

and the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care.

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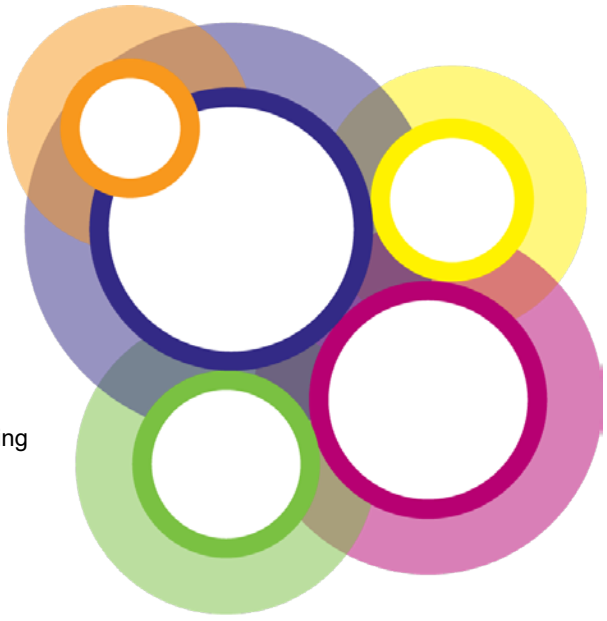
This guidance has been prepared and approved for use within NHS Cumbria in consultation with Cumbria CCG and the dietetic teams at North Cumbria Integrated Care NHS Trust.

Adapted from the guidance written by the Central Eastern Commissioning Support Unit Medicines Management and PrescQipp.



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Document Summary

Directorate:	Medicines Optimisation
Document Purpose:	To ensure unintentional weight loss in adults is managed appropriately.
Document Name:	Guidelines for managing unintentional weight loss in adults.
Document Ref No.	
Author:	Anne Leveson
Report Owner or Sponsor:	Ian Morris
Target Audience:	Primary Care
Description	To describe how to manage unintentional weight loss in adults.
Action Required:	To note for compliance with the procedure
Contact Details (for further information and feedback)	Name & Title: Anne Leveson Tel: 07909 891844 E-mail: : anne.leveson1@nhs.net

Document Status

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Version	Date	Summary	Owner's Name	Approved
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Table of Contents

1. Introduction/Purpose of the guidance

1.1. Background

These guidelines advise on the management of unintentional weight loss and the appropriate prescribing of ONS in adults in primary care, and support national guidance from the National Institute for Health and Care Excellence (NICE) and other health professional organisations.

1.2. Objectives and scope of the guideline

The guidelines aim to assist GPs and other community prescribers on the management of unintentional weight loss and the use of ONS.

The guidelines advise on:

- Who is at risk of malnutrition (step 1)
- Assessing underlying causes of malnutrition (step 2)
- Setting a treatment goal (step 3)
- Food First advice and over the counter products or homemade fortified drinks (step 4)
- Referral to dietitian and initiating prescribing of ONS (step 5); ensuring patients meets Advisory Committee on Borderline Substances (ACBS) criteria, which products to prescribe, how much to prescribe
- Reviewing and discontinuing prescriptions (step 6)

Advice is also offered on when prescribing is inappropriate, prescribing for palliative care and prescribing in those with substance misuse.

Patients with mental health conditions involving eating disorders (e.g. anorexia nervosa, bulimia nervosa) are outside the scope of this guidance and should be referred to their local Community Mental Health and Recovery Team for further assessment and specialist support.

1.3. Target Audience

The target audience for this document is primary care health care professionals including general practitioners, community dietitians, community nurses and matrons, community geriatricians. Macmillan nurses and other specialist nurses can also refer to this information in making recommendations about which patients should be prescribed ONS and which ONS to prescribe.

2. Six steps to appropriate management of unintentional weight loss in adults.

A quick reference of this guideline is available on page 6 as well as via the NECS Medicines Optimisation website: http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

2.1. Malnutrition Universal Screening Tool (MUST).

MUST is a validated screening tool for malnutrition and is used throughout the NHS in primary and secondary care. It was developed by a multidisciplinary group of healthcare professionals. It includes appropriate care plans and can influence clinical outcomes.

It can be accessed at: http://www.bapen.org.uk/screening-and-must/must-calculator.

2.2. Food First

Throughout this document "Food First" refers to increasing the energy density of meals through food enrichment which can increase an individual's overall calorie intake. More information can be found at http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-food-enrichment.

The "Eat Well, Keep Well" leaflet (see appendix 2) contains information for patients about how to enrich their diet and increase calorie intake, in accordance with "Food First" principles.

2.3. Advisory Committee on Borderline Substances (ACBS).

The ACBS is responsible for advising on the prescribing of toiletries and foodstuffs. These products are only allowed to be prescribed on the NHS as medicinal products, under certain circumstances or for certain conditions.

Oral nutritional supplements are 'borderline substances' that are only considered to be medicinal products eligible for prescribing on the NHS if the patient meets at least one of the criteria stated by the Department of Health. Patients who fall outside of these criteria should be advised about suitable food fortification and the options for purchasing suitable oral nutritional supplements over the counter.

ACBS criteria are as follows:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition.

2.4. Quick Reference Guide:

Six steps to appropriate management of unintentional weight loss in adults and the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care.

<table>
<tr><td>STEP 1:

Identification of nutritional risk</td><td>The following criteria identify those who are malnourished or at nutritional risk (NICE Guidelines (CG32) Nutritional Support in Adults):
• Malnutrition Universal Screening Tool (MUST) score of 2 or more
• Body Mass Index (BMI) <18.5kg/m^2
• Unintentional weight loss >10% in the past 3-6 months
• BMI <20kg/m^2 and an unintentional weight loss >5% in past 3-6 months
• Those who have eaten little or nothing for >5 days
• Those who have poor absorptive capacity or high nutrient losses</td></tr>
<tr><td>STEP 2:

Nutritional assessment</td><td>Assess underlying causes of malnutrition and consider availability of adequate diet:
• Ability to chew and swallowing issues
• Impact of medication
• Physical symptoms (i.e. vomiting, pain, GI symptoms)
• Medical prognosis
• Environmental and social issues
• Psychological issues
• Substance/alcohol misuse

Review treatment plan and refer to appropriate local services
See page 19</td></tr>
<tr><td>STEP 3:

Set goals</td><td>Agree goals and document realistic, measurable treatment aims e.g.
• Aim to maintain or gain weight
• Consider wound healing/pressure sores/physical appearance/strength</td></tr>
<tr><td rowspan="2">STEP 4:

Offer ‘Food First’ advice</td><td>Give food first dietary advice – encourage 3 small meals and 3 snacks daily.
Aim for 2 nourishing drinks per day.
• High calorie, high protein dietary advice, homemade nourishing drinks. Provide leaflet: ‘Eat Well, Keep Well’. See appendix two.</td></tr>
<tr><td>Over the counter products purchased by patient: e.g. Complan®, Meritene®Energis (formerly Build-Up). See ‘Over the counter ONS’</td></tr>
<tr><td rowspan="2">STEP 5:

Refer to dietitian and/or prescribe ONS

(exception is urgent cases)</td><td>• If ‘Food First’ has failed to improve nutritional intake or functional status after one month refer to dietitian (sooner if rapid weight loss despite food fortification) and/or consider prescribing ONS.
• In exceptional urgent cases prescribe first line community ONS twice daily whilst awaiting dietetic referral, if the patient meets ACBS prescribing criteria:
Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition
• Specify dosage, timing and length of treatment</td></tr>
<tr><td>First line products: Choose the most cost-effective option. See ‘ONS: formulary choices’. Products include: AYMES® Shake, Complan Shake®, Ensure® Shake, Foodlink Complete, Fresubin® Powder Extra,</td></tr>
<tr><td>STEP 6:

Review and discontinue of ONS</td><td>• Review at least every 3 months to monitor, set goals and assess continued need for ONS.
• When goals of treatment are met discontinue ONS.
• If the patient no longer has clinical need or no longer meets ACBS criteria but wishes to continue ONS, recommend over the counter supplements or homemade fortified drinks as in Step 4.</td></tr>
</table>

2.5 Six Steps Guide in more detail

STEP 1: Identification of nutritional risk

NICE clinical guideline (CG 32), Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

- MUST score of 2 or more
- Body mass index (BMI) less than 18.5kg/m^2
- Unintentional weight loss more than 10% in the past 3-6 months
- BMI less than 20kg/m^2 and an unintentional weight loss more than 5% in the past 3-6 months
- Those who have eaten little or nothing for more than 5 days
- Those who have poor absorptive capacity or high nutrient losses

Referral to the Dietetic Service

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

- Patients with a body mass index (BMI) of 16kg/m² or less. OR
- Have had little or no nutritional intake for the last 10 days. OR
- Have lost more than 15% body weight within the last 3-6 months, except patients at the end of their lives (see 'Inappropriate prescribing of ONS' and 'Palliative care and ONS prescribing).

Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.

All patients with a feeding tube in situ should be referred to the dietitian. *No* changes should be made to the feeding regime without consulting a dietitian.

Patients with swallowing difficulties should be referred to Speech and Language Therapy (SLT) and the dietitian.

Usually those with MUST score of 2 or more following a month's trial of Food First should be referred to the dietetic team and/or considered for prescribing of ONS.

Those with a MUST score of 3 or more and BMI of less than 18.5kg/m^2 should be referred to the dietetic service without delay, but can be offered Food First advice as outlined in STEP 4.

Where a specific brand has been recommended by the dietitian, practices should not switch to an alternative without discussion with the dietitian as there may be clinical reasons why a particular product has been chosen.

Patients with mental health conditions involving eating disorders (e.g. anorexia nervosa, bulimia nervosa) are outside the scope of this guidance and should be referred to their local Community Mental Health and Recovery Team for further assessment and specialist support.

STEP 2: Assessment of causes of malnutrition

Once nutritional risk has been established, the underlying cause and treatment options should be assessed, and appropriate action taken. Consider:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals. See 'A guide to assessing underlying causes of malnutrition and treatment options'.

STEP 3: Setting a treatment goal

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over a period of time
- Wound healing if relevant
- Weight maintenance where weight gain is unrealistic or undesirable

STEP 4: Offering 'Food First' advice

Oral nutritional supplements (ONS) should not be used as first line treatment. A 'Food First' approach should be used initially. This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite.

Provide written advice to the patient; "Eat Well, Keep Well" leaflet. See appendix two.

Care homes should be able to provide adequately fortified foods and snacks and prepare homemade milkshakes and smoothies, which should negate the need to prescribe ONS in the majority of cases.

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual's care plan to instruct staff regarding food fortification.

Patients can purchase over the counter products such as Complan® milkshakes or soups, or Meritene® milkshakes or soups. See 'Over the counter ONS'

Patients who do not meet ACBS prescribing criteria can also be advised to purchase supplements over the counter or prepare homemade nourishing drinks.

Patients should be reviewed one month after being offered this advice to assess the progress with a 'Food First' approach. If there is a positive change towards meeting goals, the changes should be encouraged and maintained, and a further review arranged until goals are met. Dietetic input should be sought sooner than one month if rapid weight loss despite food fortification.

STEP 5: Refer to Dietitian and/or prescribe ONS

If a 'Food First' approach has failed to achieve a positive change towards meeting goals after one month, refer the patient to a dietitian and/or consider prescribing ONS in addition to the 'Food First' changes which should be maintained.

Patients must meet at least one of the ACBS criteria below to be eligible for prescribed ONS:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition

In addition, some supplements and food products are prescribable for those receiving peritoneal dialysis and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a dietitian and should not be routinely started in primary care.

Starting prescriptions

	To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.
	To be clinically effective it is recommended that ONS be prescribed twice daily unless advised otherwise by a dietitian. This ensures that calorie and protein intake is sufficient to achieve weight gain.
	A one-week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Only prescribe starter packs of powdered ONS as an initial trial, as they often contain a shaker device, which makes them more costly.
	Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.
	Ensure patients and their carers are aware that sip feeds not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

First line community ONS: Choose the most cost-effective option at the time of prescribing. See 'ONS: formulary choices'** These should be mixed to manufacturers' instructions with 200mls full fat milk**. Products include: AYMES® Shake, Complan® Shake, Ensure® Shake, Foodlink Complete or Fresubin® Powder Extra.

If the patient is likely to have difficulties preparing a first line powdered ONS, consider second line community ONS twice daily, e.g. Fresubin® 2kcal or Fresubin® Energy, **or, where volume is also a problem,** Ensure® Compact or, Fortisip® Compact **starting with a one week supply or starter pack. Choose the most cost-effective option at the time of prescribing. See '**ONS: formulary choices**'**

If first line and second line community ONS are unacceptable because the patient dislikes milky drinks, prescribe a starter pack or one week supply of one of the juice based ONS twice daily, Ensure® Plus Juce, Fortijuce®, or Fresubin®Jucy**. See '**ONS: formulary choices' Juice style supplements are not usually suitable for patients with diabetes due to high sugar content

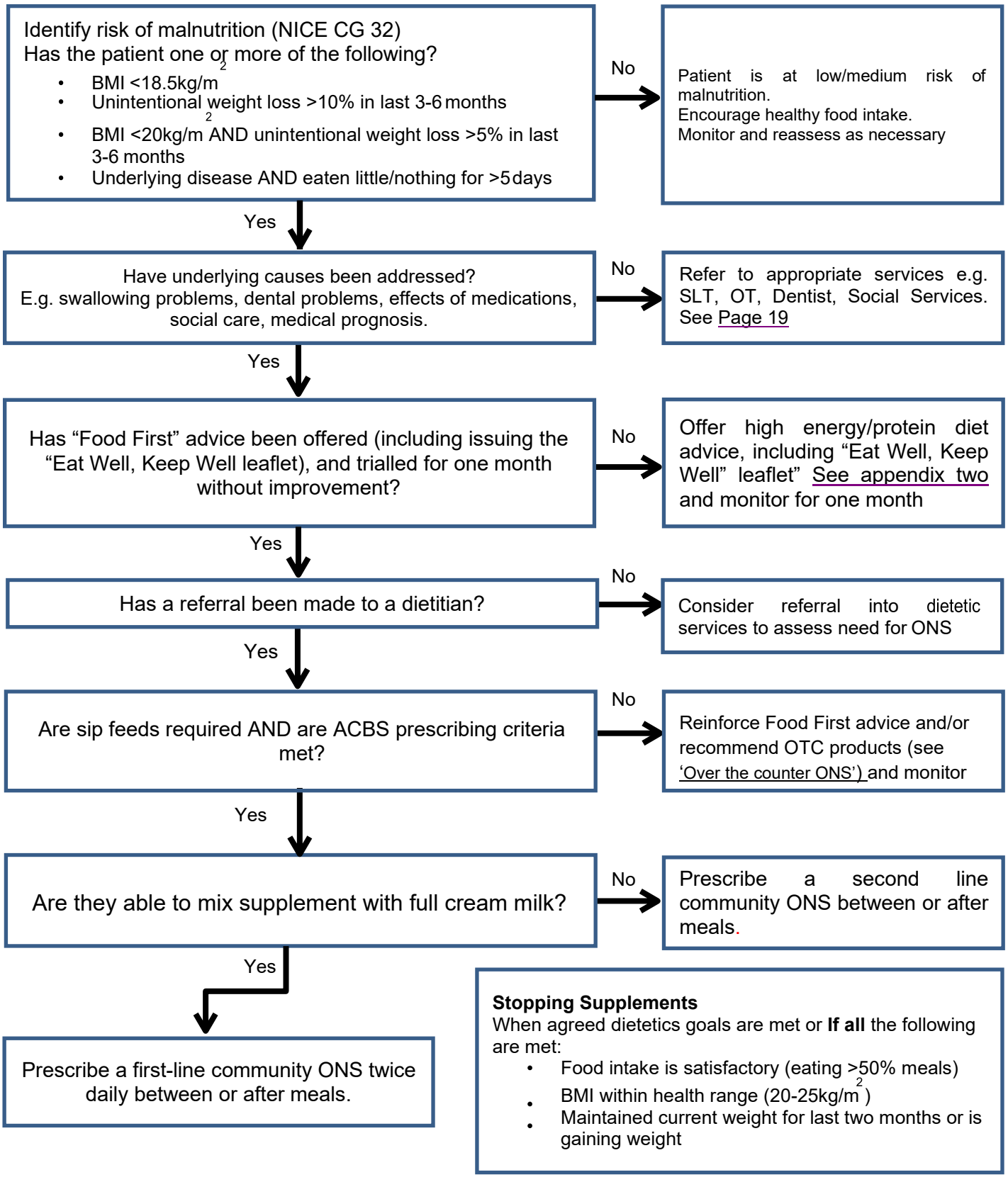
Where a specific brand has been recommended by the dietitian, practices should not switch to an alternative without discussion with the dietitian as there may be clinical reasons why a particular product has been chosen.

STEP 6: Reviewing and discontinuing ONS
Patients on ONS should be reviewed regularly at least every 3 months, to assess progress towards goals and whether there is a continued need for ONS on prescription. The review should be carried out by the dietitian if prescribing has been recommended by them, or the prescriber (e.g. GP, nurse prescriber) if dietetic input has not been sought. The following parameters should be monitored: • Weight/BMI/wound healing depending on the goal set – if unable to weigh patient, record other measures to assess if weight has changed e.g. mid-upper arm circumference, clothes/ rings/watch looser or tighter, visual assessment • Changes in food intake • Compliance with ONS and stock levels at home/care home. When conducting general medication reviews, ONS should be included as above.
Discontinuing prescriptions
When treatment goals are met, discontinue prescriptions. Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.
If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Complan®, Meritene®.

2.6 Inappropriate prescribing of ONS

- Care homes should provide adequate quantities of good quality food. ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition. Supply 'Eat Well, Keep Well" leaflet (see appendix two).
- Patients who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home. See 'Hospital discharge'**.**
- Patients with complex nutritional needs, e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.
- Patients with swallowing problems will require assessment by a Speech and Language Therapist **before** dietetic input.
- Patients with diabetes should not routinely be prescribed fruit juice based ONS i.e. Ensure® Plus Juce, Fortijuce®, Fresubin® Jucy**,** Resource® Fruit. This is because these products may raise blood glucose levels more quickly;this will need monitoring, with possible changes required to medication.
- Patients in the final days or weeks of life are unlikely to benefit from ONS. Over the counter products can be recommended if required. See 'Palliative care and ONS prescribing'.
- Patients who are substance misusers should not routinely be prescribed ONS. See guidance on 'Substance misusers'.

3. Flowchart for Prescribing of ONS in the Community



Stopping Supplements
When agreed dietetics goals are met or **If all** the following are met:

- Food intake is satisfactory (eating >50% meals)
- BMI within health range (20-25kg/m^2)
- Maintained current weight for last two months or is gaining weight

4. Over the counter ONS

These products are available to buy at pharmacies and larger supermarkets. They are suitable for those who do not meet ACBS prescribing criteria and/or do not have the ability or do not wish to make homemade milkshakes. Prices and nutritional information given are examples of retail prices, depending on retailer, as of March 2021.

These products are not suitable as sole source of nutrition and should not be used as tube feeds.

Powdered Products	**Presentation**	**Nutritional content per sachet mixed with 200mls full fat milk**	**Price per serving**
Complan®	1 box of 4 x 55g sachets of one flavour: Vanilla, banana, strawberry, chocolate and neutral flavours.	• 387kcals • 15.6g protein	• 91p
Meritene Energis® (formerly Build Up)	1 box of 7 x 30g sachets of one flavour: Vanilla, banana, strawberry and chocolate flavours.	• 267kcals • 14.4g protein	• £1.27
Powdered Products	**Presentation**	**Nutritional content per 100g powder**	
Complan® stir-in	1 box of 425g neutral flavour	438kcals 15.3g protein	• 70p
Soups	**Presentation**	**Nutritional content per sachet mixed with 200mls water**	
Complan® soup	1 box of 4 x 55g sachets of chicken flavour	• 249kcals • 9g protein	• 91p
Meritene® soup	1 box of 4 x 50g sachets of one flavour: Chicken, tomato, potato and leek, and vegetable flavours.	• 200kcals • 6.9 – 7.6g protein depending on flavour	• £1.70
Liquid Products	**Presentation**	**Nutritional content per unit**	
Complan® Smoothie	250ml tetrapak: Tropical and berry flavours.	• 279kcals • 10g protein	•
Complan® Milkshake	250ml tetrapak Strawberry and chocolate flavours	• 241kcals • 8.9g protein	•

Example approximate prices of foods purchased in a supermarket or prepared at home:

(These figures are for general guidance and will vary depending on brands and retailer chosen. Patients should read the nutritional information on packaging for an accurate guide).

Product & Serving Size	Approximate Cost per serving	Calories per serving	Protein per serving
Fortified Milkshake 200ml whole milk +2 tbsp milk powder + 1 scoop ice cream + 2 tbsp milkshake powder/syrup	35p	331	14.8g
Rice Dessert 180g	68p	193	5.4g
Thick & smooth Milkshake (not low sugar) 471ml	£1.00	353	15.5g
Thick and creamy Yoghurt	60p	160	5.6g
Full fat milk 200ml	17p	128	6.4g

For more information on nourishing drinks and snack ideas see Appendix 2 “Eat Well, Keep Well”.

These products can provide a good source of calories and protein but are not nutritionally complete. Patients should be encouraged to eat a variety of foods to provide a range of vitamins and minerals.

5. Oral Nutritional Supplements: formulary choices.

When a 'Food First' approach has failed to achieve a positive change towards meeting goals after one month, and prescribing of ONS is to be initiated, the most cost-effective North of Tyne formulary choice should be prescribed as included in the link below. Prescribing should be in addition to the 'Food First' changes which should be maintained.

http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/02/Oral-Nutritional-Support-guidance-and-formulary-FINAL-v1.0-Jan-2021.pdf

6. Hospital Discharge

Patients who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated.

Where ONS is listed in hospital discharge medication lists, and there is no reference to dietetic input in the discharge letter (or correspondence directly from the dietetic team), and the patient was not prescribed supplements prior to admission, it is recommended that GP practices contact the dietetic team to check if these products have been initiated by, and will be reviewed by, them.

Where there has been no dietetic involvement, a patient's need for supplements should be assessed and these 6 step guidelines followed.

Contact: Dietetic department:

Cumberland Infirmary – 01228 814794

West Cumberland Infirmary – 01946 523400

7. Palliative care and ONS prescribing

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's health and their treatment plan. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life. Management of palliative patients has been divided into three stages here: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages and patients and carers may require support with adjusting and coping.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size ll, presentation and their impact on appetite.

See below for nutritional management in various stages of palliative care.

Nutritional management in early palliative care

- In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life.
- Nutrition screening and assessment in this patient group is a priority andappropriate early intervention could improve the patient's response to treatment and potentially reduce complications.
- However, if a patient is unlikely to consistently manage 2 servings of ONS per day, then they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription.
- **Following the 6 steps in this guideline is appropriate for this group. Particular attention should be paid to 'Step 2 – Assessment of causes ofmalnutrition'.**

Nutritional management in late palliative care

- In late palliative care, the patient's condition is deteriorating, and they may be experiencing increased symptoms such as pain, nausea and reducedappetite.
- The nutritional content of the meal is no longer of prime importance and patients should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, symptom relief and enjoyment of food. Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers.
- The goal of nutritional management should NOT be weight gain or reversal of malnutrition, but quality of life. Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended. Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed.
- Consider quantities of ONS and only prescribe as "acute" prescriptions.

Nutritional management in the last days of life

- In the last days of life, the patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid.
- **The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.**

Adapted from the Macmillan Durham Cachexia Pack 2007 and NHS Lothian guidance.

8. Substance misusers

Substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription. It is an area of concern both due to the cost and appropriateness of prescribing.

Substance misusers may have a range of nutrition related problems including:	
• Poor appetite and weight loss	• Nutritionally inadequate diet
• Constipation (drug misusers in particular)	• Dental decay (drug misusers in particular)
Reasons for nutrition related problems can include:	
• Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation, craving sweet foods (drug misusers in particular).	• Poor dental hygiene (drug misusers in particular).
• Lack of interest in food and eating.	• Chaotic lifestyles and irregular eating habits.
• Poor memory.	• Poor nutritional knowledge and skills.
• Low income, intensified by increased spending on drugs and alcohol.	• Homelessness or poor living accommodation.
• Poor access to food.	• Infection with HIV or hepatitis B and C.
• Eating disorders with co-existent substance misuse.	
Problems can be created by prescribing ONS in substance misusers:	
• Once started on ONS it can be difficult to stop prescriptions.	• ONS can be used instead of meals and therefore provide no benefit.
• They may be given to other members of family/friends.	• They can be sold and used as a source of income.
• It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments.	
ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:	
• BMI less than 18.5kg/m² AND • there is evidence of significant weight loss (greater than 10%) AND • there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria AND • food fortification advice has been offered and tried for 4 weeks AND • the patient is in a rehabilitation programme, e.g. methadone or alcohol programme or is on the waiting list to enter a programme.	

9. A guide to assessing underlying causes of malnutrition and treatment options

Available on PrescQIPP: Guidelines for the appropriate prescribing of oral nutrition (ONS) for adults in primary care; Adapted from Guidelines for Managing Adult Malnutrition and Prescribing Supplements Havering PCT 2006 and Oral Nutrition Support Pack Westminster PCT 2007

10. Further reading and resources

[1] NICE clinical guideline (CG 32), Nutritional Support in Adults. Available at https://www.nice.org.uk/guidance/cg32

[2] Food First. Bapen.org.uk. Available from http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-food-enrichment

[3] Macmillan Durham Cachexia Pack 2007, Available from http://learnzone.macmillan.org.uk/course/view.php?id=145

[4] NHS Lothian guidance, Available from www.palliativecareguidelines.scot.nhs.uk

[5] Malnutrition Universal Screening Tool (MUST). Bapen.org.uk, Available from http://www.bapen.org.uk/screening-and-must/must-calculator

[6] Creating a fortified diet recipe book. PrescQipp. Available at <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f6291%2fcreating-a-fortified-diet-recipe-book-21.pdf> (subscription required)

[7] Eat Well, Keep Well, Available from http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

[8] Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care. PrescQipp. Available at <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5753%2f261-oral-nutritional-supplements-22.pdf> (subscription required).

11. Acknowledgements

Adapted from the guidance written by the Central Eastern Commissioning Support Unit Medicines Management and PrescQipp.

Thanks to Helen Fraser-Mayall, Dietetic Team Lead, and Nicola Storey, Community Dietetic Team Lead, North Cumbria Integrated Care NHS Trust for their input into this guidance.

Appendix One: Abbreviations

Abbreviation	Definitions
NICE	National Institute for Health and Care Excellence
ONS	Oral Nutritional Supplements
ACBS	Advisory Committee on Borderline Substances
MUST	Malnutrition Universal Screening Tool
OTC	Over the counter
OT	Occupational Therapy
SLT	Speech and Language Therapy
tbsp	Tablespoon
HCP	Healthcare professional

Appendix Two: Eat Well, Keep Well.

The “Eat Well, Keep Well”, leaflet can be found below or accessed at:

http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

Eat Well Keep Well

This leaflet has been produced for patients who have a poor appetite and/or have lost weight unintentionally.

The following ideas will help you increase the amount of energy and protein in your food and drinks.

How can I increase the calories and protein in my food?

- Always use **full fat** products e.g. milk, cheese, yoghurt, butter and margarine
- Add grated cheese to soups, sauces, mashed potatoes, sprinkle over vegetables or cooked meat
- Spread butter/margarine thickly on bread/crackers/teacakes/crumpets
- Add extra butter/margarine to vegetables, mashed potato, bread or crackers
- Add mayonnaise or salad cream to sandwiches
- Fry instead of using the grill
- Add jam, syrup or honey to porridge or milk puddings
- Add cream or milk to mashed potato, soups, white sauces and any sweet dishes
- Peanut butter and chocolate spread added to bread/crackers/teacakes can also add extra calories

Nourishing Drinks

1 Pint Fortified Milk (600 calories, 40g protein)

Whisk 4 tablespoons of skimmed milk powder (e.g. supermarket own brand or Marvel) into 1 pint of full cream milk.

This can then be used in **ALL** drinks (coffee, hot chocolate, milkshakes), cereal, in cooking, sauces, puddings & custards.

Add in extra calories with:

- Sugar, honey, cream and grated chocolate in hot drinks.
- Ice-cream, yoghurts and fruit in smoothies or milkshakes

Over the counter supplement drinks

Products such as Complan and Meritene are available in a variety of flavours and can be purchased from most chemists and supermarkets or online. These provide a source of calories, protein, vitamins and minerals.

Authors: NCIC Nutrition & Dietetic Departments. Review April 2023

What if I don't feel like eating?

The following advice "Eating little and often" may help if you have a poor appetite:

- Try small frequent meals and snacks such as something to eat or drink every few hours
- Try using a smaller plate when having a main meal
- Make use of convenience foods if you get tired easily when preparing meals e.g. frozen or microwave ready meals
- Avoid drinking with food or just before meals. Liquids, especially fizzy drinks can fill you up
- Make the most of the times when your appetite is at its best
- Treat yourself to your favourite foods
- Avoid cooking smells if it puts you off your food or reduces your appetite

Snack ideas

Thick and creamy yoghurt	Bowl of your favourite sweets
Chocolate	Vanilla slice
Glass of whole milk and digestive biscuits	Slice of toast with butter and jam, chocolate spread or peanut butter
Fruited teacake, hot cross bun, Scotch pancake or crumpet with butter	Crackers or oat cakes with butter and cheese
Rice pudding or custard	Danish pastry
Fig rolls	Scotch egg or sausage roll
Fried eggy bread/toast	Bowl of cereal with full cream milk
Crisps	Unsalted peanuts
Slice of cake with cream or custard	Cheesecake
Ice cream	Chocolate mousse

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