South Tyneside and Sunderland NHS Foundation Trust

South Tyneside and Sunderland Area Prescribing Committee

Guideline for the Prescribing of Oral Nutritional Supplements in Adults (NUT2)

Author	STSFT Community Dietetic Team
Approved by	South Tyneside and Sunderland APC
Current Version	2
Published on	February 2022
Review date	May 2023

This guideline is intended for use in primary care

Approved: Feb 2022
Review: Feb 2023

Sunderland and South Tyneside area - Guidelines for prescribing Oral Nutritional Supplements (ONS) in adults

INTRODUCTION

- Prescribing supplements are relatively expensive for the NHS.
- Alternative methods can be used to supplement dietary intake without prescribing supplements.
- Audits have shown that oral nutritional supplements (ONS) are often initiated inappropriately or continued unnecessarily and without adequate review.
- This document provides guidance to healthcare professionals working in the community on the recommended step-wise nutritional support for people in Sunderland and South Tyneside.
- The cost of prescribing ONS in Sunderland was £727,989 in 2020-2021. The cost of prescribing ONS in South Tyneside was £638,339 in 2020-2021. In total over the past 2 years, £2,721,263 was spent on ONS in Sunderland and South Tyneside.

AIMS OF THIS GUIDELINE

The aim of the guideline is to support clinicians in the management of ONS in primary care, to ensure consistency of care across Sunderland and South Tyneside and to ensure appropriate, rational and cost effective prescribing of medicines and best use of NHS resources. Implementation of the guideline will improve the overall management of patients taking ONS.

Guideline suitable for:
This guideline is to provide advice and support on the prescribing of ONS in primary care in Sunderland and South Tyneside. The guidelines are appropriate for use for adults and children aged 12 years and older.

Guideline not suitable for:
This guideline should not be used to advise on the prescribing of ONS for children under the age of 12. Special advice for the prescription of ONS for patients who are receiving end of life care or have drug or alcohol problems is given at the end of this document.

Approved: Feb 2022
Review: Feb 2023

It is not the remit of this guideline to cover all aspects of malnutrition.

Nutrition Assessment Tools
A suitable tool for screening for malnutrition is the MUST (Malnutrition Universal Screening Tool) developed by BAPEN (bapen.org.uk).

Key Recommendations

• Clinicians are advised to follow national guidance on nutritional assessment.

• If patients are able to take oral diet it is important to encourage high calorie/protein food first before starting supplements.

- These guidelines include appropriate advice to fortify ordinary foods which are culturally acceptable and the use of over the counter supplements.
- Further advice is available from the following link: https://bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-project-leaflets

• Ideally, ONS should only be prescribed on the advice of a dietitian. If it is felt that ONS are required before the dietitian is able to see the patient, ONS should be prescribed with reference to the South Tyneside and Sunderland joint formulary and the patient referred to the dietetic department.

• All supplements should be issued via acute prescriptions rather than repeat.

• Unless specified by the patient or dietitian, new ONS should be prescribed in mixed flavours until taste preferences have been ascertained.

• When patients are discharged from hospital with ONS on prescription, these should only be continued if the GP practice receives a care plan from the patient's dietitian following discharge. This includes patients whose discharge summary states that ONS was commenced by a dietitian.

• If a practice does not receive specific set goals with regards to the initiation or continuation of nutritional supplements from the hospital/dietetic department, they should not continue to issue the prescription (or issue for a maximum of 4 weeks and then stop).

• If no care plan is received, but the practice feels that the patient would benefit from nutrition support, the patient should be referred to the relevant community dietetic team.

• Care or nursing home residents who may require ONS should be referred to the dietitian for a review. Practices should ensure this is actioned and should not prescribe for patients simply on request.

Indications for ONS Prescribing

ONS are only prescribable for the management of the following conditions as recommended by the Advisory Committee on Borderline Substances (ACBS). These are:

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

Reviewing the Need for Nutritional Supplementation

For any individual patient, the following stages should apply. Nutritional supplements should usually only be initiated after stages 1-4 have been completed and the nutritional intake is still inadequate. Dietetic input may be appropriate at all stages depending on the individual circumstances.

1. Identification
2. Overall assessment
3. Goal setting
4. Initial treatment - 'food first' and non-prescribable and 'over the counter' (OTC) supplementation
5. Initiating prescribable ONS
6. Review
7. Termination of ONS
8. Follow up review

Specialist Dietetic Input

Dietetic intervention may be appropriate in any of the following circumstances:

- To assist in appropriate planning and goal setting for nutritional support for individual patients.
- To advise on nutritional supplementation strategies and the appropriateness or otherwise of initiating ONS.
- Deterioration in nutritional status despite supplementation after excluding other contributory pathology.
- The presence of co-existing medical conditions such as diabetes, renal failure, coeliac disease or high cardiovascular risk.
- Unexplained weight loss and/or wound healing issues.
- Anyone on pre-existing ONS without dietetic input.
- Wound healing
- Dietitians can offer patient-centred review appointments regarding nutrition related issues

Approved: Feb 2022
Review: Feb 2023

Stage 1: Identification

Ideally MUST should be used to identify patients at risk of malnutrition (for more information see: http://www.bapen.org.uk/pdfs/must/must-full.pdf). As a minimum, the patient's BMI (kg/m2) and recent weight loss should be calculated. Individuals in the following categories are likely to be at high risk of malnutrition and will require intervention:

- If MUST ≥ 2
- If BMI is < 18.5
- If BMI is < 20 with unintentional weight loss of >5% in the last 3-6 months
- If BMI is > 20 with unintentional weight loss of >10% in the last 3-6 months

NICE guidelines (CG32) recommend that all patients are screened for malnutrition when they are registered with a new GP practice and at times when there are clinical concerns (unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes or prolonged intercurrent illness).

In cases where obtaining weight or height measurements is impossible, Mid Upper Arm Circumference can be used to estimate BMI (see appendix 2).

Treat the underlying medical conditions, e.g. nausea, pain and recognise increased nutritional requirements e.g. cancer, pressure sores.

Stage 2: Overall Assessment

Consider factors such as:

- Availability of an adequate diet and cultural acceptability of foods
- Total food and drink intake
- Issues with dentition
- Medication (consider taste changes/any that may suppress appetite)
- Medical prognosis (appropriate intervention)
- Consider referral to Speech and Language Therapy (SALT) if problems with swallowing
- Necessary referrals to social services/care packages

Stage 3: Goal Setting

Realistic and measurable goals should be established and documented for each patient in order to identify the end point of treatment. Suitable goals could include:

- Attaining a target BMI within the healthy range (18.5-25)
- Weight stabilisation
- Appetite returned to normal
- Completion of wound healing
- Reduced rate of weight loss where weight stabilization is not realistic (e.g. cancer cachexia, end of life care)

If MUST is < 2, the below advice is appropriate:

Stage 4: Initial Treatment

Goals can often be achieved by fortification of normal diet and/or addition of 'over the counter' (OTC) nutritional supplements.

First line

• Eat 'little and often'. Aim for 3 small nourishing meals and 2-3 additional snacks throughout the day. Aim to eat every 2-3 hours throughout the day
• Fortify full cream milk (4 heaped tablespoons of dried skimmed milk powder to 1 pint of full cream milk) and drink 1 pint each day
• If milk is not tolerated, try other calorific fluids e.g. fruit juice, carbonated drinks, soups
• Add or increase amounts of high-energy foods such as full cream milk, cheese, butter, cream, sugar etc. to maximise calorie and protein intake
• Choose foods that are enjoyed

http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-project-leaflets

The patient should be reviewed in 4 weeks and the implemented nutrition support evaluated.

Second line – over the counter ONS

Patients who have unplanned weight loss should be encouraged to increase their food intake by having regular meals and extra snacks as per 'Little and Often', however if there is no improvement the use of products such as Meritene® and Complan® may be considered in the short term. Meritene® or Complan® are useful **to have in addition to the patient's usual diet** and can also be added to puddings, cereal and soups. Meritene® and Complan® can be used providing they are not contraindicated by diabetes, renal disease, milk allergy, or vegan diet. Patients with these specialist dietary requirements should be referred to a dietitian.

After implementing this stage, the patient should be reviewed in 4 weeks to evaluate the success of the nutrition support. The patient's weight and general condition should be checked. If there has been an improvement in their condition see stage 6. If there is no improvement or a further deterioration, see stage 5. **Consider referral to a Dietitian.**

Stage 5: Initiating the Prescription of Oral Nutritional Supplements

Prescription of short-term (up to 1 month) ONS should only be initiated after at least 4 weeks of food fortification, after non-prescribable or OTC supplements are inappropriate or have failed despite adequate duration and if the criteria set out in the NICE guidance is met (http://www.nice.org.uk/guidance/CG32). **Sample services can also be used.**

The prescribing of ONS should NOT be considered for first line advice except when the patient is at high risk of malnutrition as defined by screening. Such circumstances may include severe dysphagia or swallowing difficulties, malabsorption disorders, and jaw wiring.

It is recommended that all ONS be prescribed using 'acute' prescriptions as this has been demonstrated to reduce waste. While the patient awaits dietetic review, the South Tyneside and Sunderland joint formulary should be used for guidance in choosing the most appropriate product.

Dietitians will advise on nutritional support strategies and the appropriateness of initiating ONS. A patient should be referred to a dietitian if a prescription is considered to be necessary for more than 1 month.

The patient should be reviewed in 4 weeks to monitor weight and check ONS compliance. If there is an improvement see stage 6. If there is no improvement, or a deterioration refer to dietetics for specialist tailored advice.

Stage 6: Review

Any patient who has been given advice on food fortification should be reviewed regularly. It is recommended that patients are reviewed on a regular basis and are referred to a dietitian if MUST is ≥2.

Stage 7: Termination of ONS Prescription

Prescription of ONS should remain on acute prescriptions even if long-term. Providing that an effective plan has been prepared at the outset, it should be possible to clearly identify the point at which the prescription of supplements can be stopped, e.g. BMI within healthy range (18.5- 25), patient has re-established a normal dietary intake (regular meals and snacks), appetite returned to normal, weight stabilised. **A clear goal should be discussed and agreed regarding ONS use.** The prescribing GP should end the prescription once goals are reached or on the advice of the dietitian.

Stage 8: Follow up Review

Once goals are achieved, the patient should be reviewed again after 3 months to ensure there is no recurrence of the initial problem. If there are no further issues monitoring should continue as documented earlier in these guidelines. If there is future recurrence of malnutrition, the pathway should be re-started at stage 1.

Approved: Feb 2022
Review: Feb 2023

Prescription of ONS in Special Cases

Use of ONS for people receiving end of life care

These guidelines are not suitable for use in patients who are receiving end of life care. These patients have shorter timescales, different aims and generally will not gain weight. In this group the target should be patient focused and primarily the enjoyment of nutrition. The restrictions around prescribing and use of ONS therefore do not apply. However if prescribed they should still be reviewed regularly.

Use of ONS for in substance misuse

There are many issues associated with substance misuse which can result in poor dietary intakes and lead to malnutrition. These include poor appetite (particularly with opioid use), poor dental hygiene, chaotic social circumstances (leading to issues with food preparation) and related medical conditions such as Hepatitis C or liver disease.

The prescription of ONS is unlikely to resolve underlying issues with regard to poor dietary intakes and the focus of nutritional treatment should be on introducing a more reliable and regular eating pattern. It has been suggested that patients with substance misuse problems may use ONS inappropriately, with the aim of saving money that otherwise would be spent on food to increase their budget for purchasing drugs or alcohol.

Patients who are known to abuse any substance should not be prescribed ONS except in the following circumstances:

1. BMI < 18.5kg/m^2
2. Pregnant and failing to gain weight
3. Co-existing medical condition that may affect nutritional status (e.g. throughout the treatment period for Hepatitis C, liver disease)

If ONS are initiated, the following guidelines should be considered:

1. Immediate referral to a dietitian
2. Maximum of 600kcal per day (South Tyneside and Sunderland joint formulary)
3. If a follow up appointment is missed, ONS should be stopped
4. If there is no change in weight at 3 months, it should be considered whether the ONS are being used appropriately (i.e. in addition to, not instead of normal diet)
5. ONS should be stopped when BMI is > 18.5kg/m2 unless other issues are known (see above).

Please refer to stage 4

Approved: Feb 2022
Review: Feb 2023

Appendix 1: Nutrition Support Flowchart

Stage 1: IDENTIFY PATIENT AT RISK OF MALNUTRITION
Ideally use MUST (see guidelines), patient at risk:
If BMI < 18.5
If BMI < 20 with unintentional weight loss of >5% in 3-6 months
If BMI > 20 with unintentional weight loss of >10% in the last 3-6 months

→ **Referral to Dietitian if MUST ≥ 2**

If MUST < 2

Stage 2: ASSESSMENT
Consider factors such as:-
- Availability of an adequate diet
- Issues with dentition
- Medication eg effect on appetite/taste changes
- Medical prognosis
- Care Package
- Nausea
- Bowels

→ Swallowing problems: consider referral to SALT team

→ Accessibility of food and ability to cook consider referral to social services

Stage 3: SET GOALS
Establish realistic, measurable goals
E.g. BMI >18.5, reduce nutritional losses, support wound healing

Stage 4: INITIAL TREATMENT PLAN – FOOD FIRST APPROACH
- Food fortification - see stage 4 of guideline
- Delivery services e.g. Wiltshire Farm Foods
- Consider medication changes
- Denture replacement
- "Over the counter" supplements (e.g. Build-up & Complan or high calorie shakes (Food First Project Leaflets (bapen.org.uk)

REVIEW MONTHLY

IF NO IMPROVEMENT
Stage 5: If concerned start Oral Nutritional Supplements (ONS)
- Only start after at least 4 weeks food fortification
- If not already done, refer to Dietitian

IF IMPROVEMENT
BMI within healthy range (18.5-25)
- Regular food intake: meals & snacks
- Review MUST again in the future if required

CCG primary care ONS formulary	
Powdered ONS	First line - Foodlink Complete Second Line - Aymes Shake
Milkstyle ONS 1.5kcal/ml	Fortisip bottle
Milk Style ONS 2.4kcal/ml	First line - Altraplen Compact Second Line - Fortisip Compact
Juice style	Actagain Juce

Approved: Feb 2022
Review: Feb 2023

Appendix 2: Estimating Body Mass Index using Alternative Measurements

If neither height nor weight can be measured or obtained, BMI can be estimated using the mid upper arm circumference (MUAC).

Measuring mid upper arm circumference (MUAC)

- The subject should be standing or sitting.
- Use left arm if possible and ask subject to remove clothing so arm is bare.
- Locate the top of the shoulder (acromion) and the point of the elbow (olecranon process).
- Measure the distance between the 2 points, identify the mid-point and mark on the arm.
- Ask subject to let arm hang loose with tape-measure, measure circumference of arm at the mid-point. Do not pull the tape measure tight - it should just fit comfortably round the arm.

Weight change over time

MUAC can also be used to estimate weight change over a period of time and can be useful in subjects in long term care.
MUAC needs to be measured repeatedly over a period of time, preferable taking two measurements on each occasion and using the average of two figures.

If MUAC is <23.5cm, BMI is likely to be <20kg/m^2 i.e. subject is likely to be underweight.

If MUAC is 32.0cm, BMI is likely to be >30kg/m^2 i.e. subject is likely to be obese. If MUAC changes by at least 10% it is likely that weight and BMI have changed by approximately 10% or more.

References: The 'MUST' explanatory booklet: http://www.bapen.org.uk