Use of Oral Nutritional Supplements in Primary Care
Version 1 – September 2017
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Introduction

The purpose of oral nutritional supplementation (ONS) is to supplement food intake, not replace it and their use does not remove the need to manage the underlying condition responsible for the patient’s poor appetite. It is important to ensure that prescribing is both appropriate for the patient and that the treatment length is such that waste is minimised.

Please note:
The decision aids are not designed to be used stand alone and should only be used by those with experience of managing patients with or at risk of malnutrition. Further advice should be sought from a dietician in the absence of relevant clinical experience.

Referral criteria to dietetics

The following patient groups should be referred to dietetics for review:

On ONS as sole source of nutrition
ONS used as part of feeding regime for artificially fed patients e.g. PEG/JEJ/NG
Complex nutritional needs that may require specialist feeds
At refeeding risk:
• Very little or no food intake in > 5 days with a BMI of 16.5 kg/m2 or less or
• little or no nutritional intake for greater than 10 days or
• lost more than 15% of their body weight within the last 3-6 months (except patients at the end of their lives)
Grade 3 or 4 pressure sore
Any patient presenting with low appetite should be screened for risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). The MUST score template can be accessed at: [http://www.bapen.org.uk/screening-and-must/must/introducing-must](http://www.bapen.org.uk/screening-and-must/must/introducing-must).

### MUST score 0

**All risk categories:** Treat any underlying condition. Check the patient can potentially meet nutritional needs safely via the oral route.

- Screen at initial contact and at least annually for at risk patient groups e.g. people with chronic disease, older people (>75 years).
- **Note:** Screening should be conducted monthly for those living in community care homes

- No significant weight gain observed

- Continue to follow local ‘Food First’ advice and fortify diet

- Repeat screening 2-3 monthly

### MUST score 1

- Improved intake and significant weight gain observed

- Reinforce Food First advice and fortify diet

- Repeat screening 2-3 monthly

### MUST score ≥ 2

- MUST score 0

- Treat as High Risk*

- Check patient’s condition complies with ACBS guidelines for ONS (see box 1) – if not recommend OTC purchase

- Prescribe ONS for TWO weeks only

- Provide ‘Food First’ advice

- Record weight

- Review after TWO weeks – no significant weight gain observed

- Prescribe 2 sip feeds per day in addition to usual food intake for one month as an acute prescription and refer for dietetic review

### Box 1: The Advisory Committee on Borderline Substances (ACBS) recommends the prescription of certain food products (such as enteral or sip feeds) on the basis that they are used as a treatment of the management of specified conditions.

#### Standard ACBS indications
- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are malnourished
- Inflammatory bowel disease
- Following total gastrectomy
- Disease related malnutrition (DRM)
- Bowel fistulae
- Dysphagia

#### Other ACBS indications
- Continuous Ambulatory Peritoneal Dialysis (CAPD)
- Haemodialysis

**Note:** If ACBS prescribing criteria is not met, Over The Counter (OTC) products can be recommended unless contraindicated, e.g. Complan®, Meritene® Energis®, AYMES® Retail

### Box 2: Contraindications to Oral Nutritional Supplements

- Cow’s milk allergy or intolerance
- The patient is less than 6 years of age
- Galactosaemia
- The patient requires thickened fluids
- ONS are to be used as the sole source of nutrition
- The patient uses an enteral feeding tube exclusively for delivering nutrition

**Note:** Patients with renal disease should be assessed by a dietician before prescribing any supplements. **Patients with diabetes** should have their intake assessed prior to and blood glucose levels should be closely monitored whilst receiving supplements.

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If there are any concerns regarding underlying conditions consider referral to GP or appropriate health care professional, e.g. Speech and Language Therapist, Palliative Care Team for further advice at any stage.
Appendix 1

Stopping Supplements

Supplements must be reduced and stopped when:
1. Agreed treatment goals are met or
2. Food intake is satisfactory (eating > half their meals) or
3. BMI is within the healthy range (20 – 25kg/m²) or
4. The patient has maintained their current weight for the last two months or is gaining weight

Monitor weight/MUST score for 3 months after discontinuing ONS

Calculating MUST Score

<table>
<thead>
<tr>
<th>Step 1</th>
<th>BMI Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI kg/m²</td>
<td>Score</td>
</tr>
<tr>
<td>&gt;20 (&gt;30 Obese)</td>
<td>0</td>
</tr>
<tr>
<td>18.5-20</td>
<td>1</td>
</tr>
<tr>
<td>&lt;18.5</td>
<td>2</td>
</tr>
</tbody>
</table>

If unable to obtain height and weight use MUAC measurement

<table>
<thead>
<tr>
<th>Step 2</th>
<th>Weight Loss Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned weight loss in past 3-6 months</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>Score</td>
</tr>
<tr>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>5-10</td>
<td>1</td>
</tr>
<tr>
<td>&gt;10</td>
<td>2</td>
</tr>
</tbody>
</table>

Step 3
Acute Disease Effect Score

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days, Score 2

Acute disease effect is unlikely to apply outside of hospital, therefore Score 0

Step 4
Add scores together to calculate overall risk of malnutrition (MUST) score

Please remember overweight and obese patients are at as high a risk of malnutrition as any other patient group

Preferred Oral Nutritional Supplements

The following products have the highest cost/calorie ratio, alternative products are available and should be considered if the following are contraindicated or not tolerated. Consult current BNF or MIMS and local formularies.

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit Volume</th>
<th>Unit Price £ (Jan 2017)</th>
<th>Calories per £*</th>
<th>Protein (g) per £*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES shake</td>
<td>57g sachet</td>
<td>0.78</td>
<td>499</td>
<td>20</td>
</tr>
<tr>
<td>Fresubin Powder Extra</td>
<td>62g sachet</td>
<td>0.80</td>
<td>496</td>
<td>22</td>
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<tr>
<td>Ensure Shake</td>
<td>57g sachet</td>
<td>0.78</td>
<td>449</td>
<td>20</td>
</tr>
<tr>
<td>Complan Shake</td>
<td>57g sachet</td>
<td>0.78</td>
<td>446</td>
<td>18</td>
</tr>
<tr>
<td>Complan Shake Starter Pack</td>
<td>5 flavours</td>
<td>0.96</td>
<td>403</td>
<td>16</td>
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<tr>
<td>AYMES Shake Starter Pack</td>
<td>5 flavours</td>
<td>0.96</td>
<td>404</td>
<td>16</td>
</tr>
</tbody>
</table>

*When mixed with 200ml whole milk
Bibliography