



ONS: CONSIDERATIONS AND PRACTICALITIES OF USE IN CLINICAL SETTINGS



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The term 'ONS' can describe 'oral nutritional support' or 'oral nutritional supplements' in the dietetic world. Nutrition support techniques used to support patients include: food fortification; nourishing drinks; addition of snacks/puddings; altered meal patterns and use of supplements.¹ For the purposes of this article, ONS will refer to oral nutritional supplements.

ONS are described by the British Association of Parenteral and Enteral Nutrition (BAPEN) as: 'sterile liquids, semi-solids or powders which provide macro and micronutrients'.² As foods for special medical purposes, ONS should be used under medical supervision.¹ ONS use is indicated in the malnourished or those at risk of malnutrition who cannot meet nutritional requirements via diet solely.³ ONS products can be consumed orally or administered via an enteral feeding tube and are available in both community and acute care settings.⁴ ONS are typically available on prescription, but some products are available over the counter at pharmacies.

The current Advisory Committee on Borderline Substances (ACBS) indications for ONS include:⁵

- disease-related malnutrition (acute or chronic)
- dysphagia
- preoperative preparation of undernourished patients
- intractable malabsorption
- inflammatory bowel disease
- bowel fistulae
- total gastrectomy
- short bowel syndrome

TYPES OF ONS AVAILABLE

A huge variety of products are available. They can be categorised in many ways including (but not limited to):

- ready to drink
- milkshake/juice/yoghurt/dessert style
- savoury
- powdered
- high protein
- fibre-containing
- dysphagia-specific

There is additionally a whole realm of specialist/disease specific and paediatric products. Table 1 shows a list of some of the products available for adults but is not exhaustive.

WHAT IS BEST FOR MY PATIENT?

Choosing a suitable product ultimately depends on your assessment and individualised care plan. Promoting a food-first approach should be considered initially. ONS products can be used alongside food fortification techniques if nutritional needs cannot be met through food-first alone.⁴ Here are some factors to consider when choosing ONS:

Table 1: Examples of ONS products available in the UK for adults. (Please note this list provides a sample and is not intended to be exhaustive.)

READY-TO-DRINK ONS	
Juice style	Abbott: Ensure Plus Juice; Fresenius: Fresubin Jucy; Nualtra: Altrajuce; Nutricia: Fortijuce
Milkshake/ yoghurt style	Abbott: Ensure Plus Advance, Ensure Plus Milkshake Style, Ensure Plus, Yoghurt Style, Ensure Plus Fibre Aymes: Aymes Complete, Actagain 2.4 Complete, Aymes 2.0kcal Fresenius: Fresubin 2kcal, Fresubin 2kcal Fibre, Fresubin Protein Energy, Fresubin YoDrink, Fresubin Energy/Energy Fibre, Fresubin Original Nutricia: Fortisip, Fortisip 2kcal, Fortisip Extra, Fortisip Yoghurt style, Nutrison Energy Multifibre Vanilla, Nutilis Complete Drink Level 3 Nestle: Resource Energy, Resource Fibre Nualtra: Altraplen Protein
Compact milkshakes	Abbott: Ensure Compact; Fresenius: Fresubin 3.2kcal; Nualtra: Altraplen Compact; Nutricia: Fortisip Compact; Fortisip Compact Protein/Fibre
Dessert	Abbott: Ensure Plus Crème; Aymes: ActaCal Crème; Nualtra: Nutricrem; Nutrinovo: Prosource Jelly; Fresenius: Fresubin 2kcal Creme, Fresubin YOcreme, Fresubin Dessert – Fruit; Nutricia: Forticreme, Nutilis Complete Creme Level 3, Nutilis Fruit Level 4
Savoury	Fresenius: Fresubin 2kcal Savoury
Modular	Nualtra: Altrashot; Nutricia: Calogen, Calogen Extra; Vitaflor: Pro-Cal shot
Malabsorption	Abbott: Vital 1.5kcal; Nutricia: Elemental 028; Fresenius: Survimed OPD
Liquid fortifiers	Nutrinovo: Hy-fiber, Prosource range
REQUIRE PREPARATION / POWDERED	
Milkshake/ smoothie/ dessert*	Aymes: Aymes Shake/Shake Compact/Shake Extra, Actasolve Smoothie, Actasolve Delight* Nualtra: Foodlink Complete/Fibre, Foodlink Complete Compact Abbott: Ensure Shake, Enshake Fresenius: Calshake, Supportan Powder Nestle: Meritene Shake Nutricia: Complian*, Scandishake
Savoury	Aymes: Aymes Savoury; Nutricia: Complian Soup*; Nestle: Meritene Soup*; Vitaflor: Vitasavoury
Fortifiers	Fresenius: Fresubin Powder Fibre, Fresubin Protein Powder; Vitaflor: Pro-Cal powder; Nutricia: Protifar, Maxijul, Duocal, Polycal

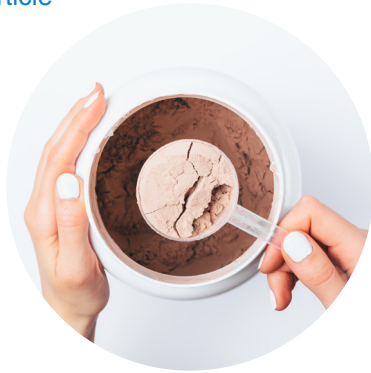
*Available over the counter at some pharmacies.

Preparation/ease of use

Staff in hospitals or care homes prefer ready-to-drink products, as they are quicker to prepare, unless there is a designated member of staff, such as a housekeeper or nutrition champion, to prepare powdered options. Once a patient has been discharged, dietitians must assess whether the patient can easily prepare powder supplements at home. Some patients may require assistance. A ready-to-drink option may be more suitable if no additional support is in place.

Taste

Patients may wish to trial specific flavours and some may prefer milk/juice/yoghurt/smoothie-based ONS. In a hospital setting, flavours may be limited due to insufficient storage space where products are kept. Taste fatigue is common. Prescribing multiple flavours, or a neutral flavour which can be modified to suit the patient's taste, may aid compliance. For more on compliance, go to page 23, issue 156 of *NHD Magazine*



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Dietary restrictions

Some patients require halal, kosher, vegetarian or vegan-appropriate ONS. Lactose-sensitive patients require a low-lactose option. Always check the product compendium/ingredients to ensure suitability.

Volume

Some patients may require a fluid restriction or cannot manage drinking large volumes. A lower volume compact-style product, modular, or dessert option may be more appropriate.⁶ Strategies to help patients who are struggling with volume include adding modulars or powdered supplements to food, adding liquid supplements to cereals/porridge/jellies, or freezing into lollies. Some patients may tolerate ONS in smaller, more frequent doses, much like a medicine.

Micronutrients

Patients on liquid diets or who require larger volumes of ONS can be at risk of micronutrient deficiency. Check the 'nutritionally complete in' volume of a product and use dietary analysis software as part of your assessment to consider whether they require micronutrient supplementation.⁴

Consistency

If your patient has difficulty swallowing and requires modified consistency fluids, you will

need to choose a supplement of the appropriate International Dysphagia Diet Standardisation Initiative (IDDSI) level.⁴ This ensures the patient has a safe product for their use and gives them the best chance to manage consuming it.

Manufacturer/brand

Brand choice in NHS settings depends on the ONS/enteral feed contract and Clinical Commissioning Group (CCG) formulary in your hospital and community. This will guide on your department's recommended first- and second-line products, which will be the preferred/most cost-effective products. If these are not tolerated or suitable, consider discussing with your colleagues on what is appropriate.

Considering the factors above before recommending a product may help with compliance and effectiveness. Trialling samples in the short-term before requesting a larger prescription can minimise product waste and costs to the CCG. The majority of manufacturers have trial/starter packs and patient sample services. Trials can help reduce overstocking on a ward and in a patient's home. Ultimately, if there are issues with compliance explain the reasoning behind ONS directly with your patient; see how they wish to proceed and monitor clinical and nutritional status every three to six months, or more frequently if their condition changes.⁴

References

- 1 Gandy J (2014). Manual of Dietetic Practice. 5th ed. Oxford: Wiley-Blackwell
- 2 BAPEN (2016). Oral Nutritional Supplements (ONS). [online]. (Last updated 30 May 2016). Available at: <https://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/oral-nutritional-supplements>
- 3 NICE (2012). Nutrition Support in Adults Quality Standard [QS24]. [online]. (Last updated 30 Nov 2012). Available at: <https://www.nice.org.uk/guidance/qs24/chapter/Quality-statement-2-Treatment>
- 4 NICE (2006). Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition - Clinical guideline 32, CG32. [online]. (Last updated 04 August 2017) Available at: <https://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#indications-for-nutrition-support-in-hospital-and-the-community>
- 5 NICE (2020). British National Formulary - Borderline Substances. [online]. Available at: <https://bnf.nice.org.uk/borderline-substance-taxonomy/>
- 6 Hubbard GP et al. A Systematic Review of Compliance to Oral Nutritional Supplements. Clinical Nutrition, 2012.



Questions relating to: *ONS: considerations and practicalities of use in clinical settings*
Type your answers below, download and save or print for your records, or print and complete by hand.

Q.1	What are Oral Nutritional Supplements (ONS) and how are they administered?
A	
Q.2	What factors might influence prescribing a ready-to-drink ONS?
A	
Q.3	Explain 'taste fatigue' and why it is a common occurrence with compliance of ONS.
A	
Q.4	How might you treat a patient with ONS who cannot manage drinking large volumes?
A	
Q.5	Outline the IDDSI levels that relate to fluids.
A	
Q.6	What factors influence brand choice?
A	
Q.7	What are the advantages to trialling samples of ONS?
A	
Q.8	Describe how you might address compliance issues with your patient.
A	

Please type additional notes here . . .