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MANAGING MALNUTRITION IN CARE HOMES

The following article outlines four key areas to be considered when addressing malnutrition, highlighting some of the challenges posed by the condition and the steps which should be taken in response to them.

As the NHS and social care system comes under increasing pressure, it's impossible to pinpoint why the system has entered a state of crisis; it's an extremely complex issue. There are a number of indicators, however. The NHS is spending more than ever before and the ageing population is a major factor in this. Medical advances have meant that people are living longer; when the NHS was created, life expectancy was 13 years shorter than it is now. This is, of course, something to celebrate, but it comes at a cost.

One condition which costs the NHS in excess of £19bn each year, but often goes unrecognised, is malnutrition. Malnutrition currently affects 1.3 million people over the age of 65. Despite this, it is often overlooked as a serious public health issue. When it takes hold, malnutrition impacts every aspect of a person's life, including sociability and mental wellbeing, not to mention the health risks associated with this debilitating condition. It can cause poor immunity, resulting in increased doctor

and hospital visits, longer hospital stays and increased dependency. Thus, malnutrition puts a significant strain on UK health and social care resources.

So, who is susceptible to this condition? We know from Age UK research that 1.2 million people over the age of 65 are living at home with no support, struggling to cope with everyday tasks including eating and drinking.¹ However, malnutrition is not an issue limited to those living in the community.

A recent study found that despite receiving a constant form of care, 30-42% of care home residents are considered under-nourished.² Proper nutrition is essential for living well, managing medical conditions and recovering from illness, so the prevalence of undernourishment in care homes is a serious issue.

BEYOND OBESITY

One such challenge is the ideology of 'healthy eating.' With the increasing media focus on obesity and its



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associated challenges, there is a danger that we allow 'healthy eating,' a requirement for those who are nutritionally well, to be confused with 'eating for health', a more holistic definition that also includes the needs of the nutritionally vulnerable - an increasing body of our population with very different nutritional needs.

Poor awareness about under-nutrition is compounded by government advice on healthy eating that recommends people reduce their calorie intake. The message from bodies like Public Health England is confusing for some older people. They want to do the right thing and follow government advice so they eat low fat yoghurts or don't take sugar in their tea, when what they really need is energy dense food.

The fact is that 'healthy eating' means something different for different people. Almost three quarters (74%) of us find government advice on healthy eating and nutrition confusing to some extent,³ and in health and social care settings, this causes a problem. With the national conversation on nutrition and healthy eating all about obesity, telling people that high calorie food can be good for them is a challenge. The way people think about food and eating needs to be changed, and healthcare professionals, care home staff, family and friends are in the best possible position to initiate this change.

EDUCATION IN NUTRITION

apetito, in partnership with OnePoll,⁸ recently conducted a survey of 2,000 people aged between 30 and 71. 79% of those questioned said that their elderly parents had not discussed malnutrition with their GP, whilst 47% wouldn't know where to seek advice on this issue. Despite the high prevalence of this condition in the UK, four in 10 of those questioned were not aware of the symptoms of malnutrition, with only 31% recognising loose fitting dentures as a warning sign.

It is clear there is a lack of awareness around the issue of malnutrition. Surprisingly, this problem doesn't stop with the general public. Despite the importance of food to health and recovery, nutrition has, historically, barely featured in medical training. As a consequence, healthcare professionals don't always look out for the tell-tale signs of malnutrition and can overlook the impact of other medical conditions that may either contribute to it or be aggravated by it. Clearly medical training is a concern but there has been progress on tools at the healthcare professional disposal. BAPEN's 'MUST' tool (Malnutrition Universal Screening Tool) for example gives doctors and other healthcare professionals a standardised way to identify under-nourishment.

GPs have just 10 minutes for a consultation. That's not much time to weigh someone, get their height and perform the BMI calculations - as well as see them for their medical condition. The big issue is that doctors don't have the time or resources to carry out checks. Until healthcare professionals are able to prioritise nutrition as a health issue it's hard to see how this situation can improve for those at home, in hospital or in care.

HYDRATION

Hydration is easily overlooked but must not be forgotten as water is one of the six key nutrients needed to preserve health. Water makes up more than two thirds of the human body and is vital to our health and wellbeing - for example, it lubricates our joints and eyes, aids digestion, flushes out waste and toxins and keeps our skin supple. If our body loses more fluid than it takes in, we become dehydrated. If fluid levels drop by just a few percentage points, the effects can be immediate, with symptoms including drowsiness, dizziness and a general feeling of malaise. If it drops further, the impact can become very serious very quickly.



FROM HOLDING BACK... ..TO HOLDING JACK



...IN A SHOT

SOMETIMES PATIENTS CAN'T MEET THE ENERGY REQUIREMENTS THEY NEED THROUGH NORMAL DIET AND ONS ALONE.¹



IT'S BEEN SHOWN TO:

- 55% > INCREASE CALORIE INTAKE BY 55% IN ADDITION TO NORMAL DIET²
- 92% > HAVE 92% COMPLIANCE OF THE PRESCRIBED DAILY AMOUNT³
- 67% > REDUCE 'MUST' SCORES IN 67% OF PATIENTS^{*3,4}



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1. Wright G. CN Focus 2012;4(3):17-19. 2. Sharma M et al. Colorectal Disease 2013;15: 885-891. 3. Data on file. 4. Malnutrition Advisory Group (MAG) 2011. Malnutrition Universal Screening Tool. www.bapen.org.uk/pdfs/must/must_full.pdf. Accessed September 2016.

*Of those who were at medium or high risk of malnutrition at baseline, 67% were at low risk of malnutrition on study completion.

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According to the British Nutrition Foundation, as we get older, the risks of dehydration increase; and so too do the consequences.⁴ For older patients, the common consequences can include pressure ulcers, urinary tract infections, constipation and heat stress. Dehydration is also associated with an increased risk of falls and, for those with dementia, it can lead to more challenging behaviour. Despite the seriousness of the subject, dehydration remains common among care home residents. For example, one recent study revealed that one in five residents were dehydrated and another found that people with dementia are six-times more likely to be dehydrated.⁵

At the same time, it is important to recognise the challenges faced by carers. For example, there is still no simple or validated tool to screen people for the risk of hydration. Also, many older people are simply disinclined to drink as much as they should; they may be worried about incontinence or making frequent trips to the toilet; they may not want to bother carers; they could have trouble holding cups, or perhaps they rarely feel thirsty.

There are ways to address dehydration amongst residents, firstly, by making drinking more appealing. Hydration stations - appearing in more and more care homes - are a creative way to encourage people to increase their fluid intake. Accessible through the day, offering a

range of drinks and ice lollipops, these facilities make keeping hydrated much easier and more appealing. There's always something colourful, fun or delicious to drink, which is especially important for residents with dementia. Ensuring people can help themselves to a drink at any time and place, is a simple but effective step towards improving hydration levels in care.

DINING EXPERIENCE

Our eating behaviour is strongly influenced by our social context; several recent studies demonstrate that we eat differently when we eat with others. And this has a direct impact on our physical and emotional health.⁶

Research has shown that being part of a group is, in itself, a rewarding experience. Eating with others also enhances our enjoyment of food. If those around the table say how much they like their meal, a positive feedback loop ensues, which further amplifies our enjoyment and can improve our attitude to food.

So, you could say that eating with others can be as important as adding more nutrients to your diet. As well as helping you to eat amply and healthily, a social situation stimulates the mind and makes meals more enjoyable. Yet many people, and particularly the elderly, are not able to benefit from sharing mealtimes with friends or family. It is estimated that a third of people over the age of 70 in the UK eat

alone every day and, for one-in-seven older people, Sunday lunch is the loneliest time of the entire week.⁷

The social aspect of eating is not just an issue for community-based care. It is also a big consideration for residential care and hospital environments too. Ensuring that people are 'Eating for Health' means recognising the importance of the eating environment and paying attention to the ambience and layout, as well as the quality of the food being served.

So, how can health and social care providers create the right combination of environment and food? It all starts with a person-centred approach. People need to view having a meal not as a necessity, but as a joy. Dining rooms should be welcoming, with detail designed to give the resident the best possible experience. Providing smaller tables, making it easy for people to eat with their friends or allowing them to choose to eat with their care assistant and then join friends for a coffee after dinner are some of the ways providers can make mealtimes more enjoyable for everyone. By getting the social aspects and the environment

right, it's much easier to get the nutrition and hydration right.

CONCLUSION

Malnutrition has a negative impact on a person's health, and in turn this has cost implications for the social care system and NHS. Therefore, the high occurrence of undernutrition amongst care home residents is a damaging and expensive problem which needs to be tackled. By identifying and appropriately treating malnutrition, knock-on healthcare complications and inflated costs can be avoided.

People living in care should be in the best possible position for living well and being as healthy as they can be, and good nutrition and hydration is fundamental to this. This article has shown that in order to deliver a correct level of nutritional care and support, there are a number of areas that require improvement and change. However, there are measures which can be taken. These range from simple, practical ideas, such as introducing hydration stations and improving dining room aesthetics, to the more complex issue of changing people's ideas of healthy eating.

References

- 1 Age UK Later In Life Fact Sheet, October 2016 www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true
- 2 The British Association for Parenteral and Enteral Nutrition (BAPEN), 2016.
- 3 Data from a survey among 1,000 UK adults by OnePoll, conducted on behalf of The Knowledge. Fieldwork was carried out 26-28 October 2016.
- 4 British Nutrition Foundation Healthy Living Resources www.nutrition.org.uk/healthyliving/hydration.html
- 5 The Knowledge Issue Two - Eating for Health www.apetito.co.uk/globalassets/the-knowledge/the-knowledge-issue-2
- 6 See Khoury M, Manihot C, Gibson D et al (2015). Evaluating the associations between buying lunch at school, eating at restaurants, and eating together as a family and cardiometabolic risk in adolescents. [www.onlinecjc.ca/article/S0828-282X\(15\)01260-X/abstract](http://www.onlinecjc.ca/article/S0828-282X(15)01260-X/abstract)
- 7 Data from a poll of 1,200 people commissioned by Bisto and Contact the Elderly, September 2015.
- 8 www.apetito.co.uk and OnePoll polled 2000 UK adults aged 30 -71 during 23-28 February 2017.

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Questions relating to: *Managing malnutrition in care homes*

Type your answers below, download and save or print for your records, or print and complete by hand.

Q.1 Describe the effects of malnutrition.

A

Q.2 Explain why elderly care home residents are particularly susceptible to malnutrition.

A

Q.3 What is 'eating for health'?

A

Q.4 Why are GPs often unable to prioritise malnutrition?

A

Q.5 List the consequences of dehydration for older people

A

Q.6 Describe the challenges faced by carers in dealing with dehydration.

A

Q.7 Why is it important for older people to eat with others?

A

Q.8 What measures can be taken to improve residents' dining experience?

A

Please type additional notes here . . .