

The Value Of Oral Nutritional Supplements

Combating disease-related malnutrition with oral nutritional supplements

Oral nutritional supplements (ONS) are specialised foods designed to help meet the nutritional needs of patients living with a disease, disorder or medical condition who are temporarily or permanently unable to achieve an adequate nutritional intake from normal foods and are at risk of malnutrition.

ONS can partially supplement, or wholly replace, a normal diet to provide patients with the essential nutrients they need when food alone is insufficient to meet their daily nutritional requirements. ONS should be used under medical supervision across a wide range of settings such as hospitals, care homes, clinics and in patients' homes.

Patients requiring ONS range from those who are critically ill, to those with inherited genetic disorders to those with chronic illnesses, including cancer, kidney failure, cystic fibrosis, diabetes, difficulties with swallowing, loss of muscle mass and respiratory disease.

ONS can be an essential part of medical management and may be required either for life or for short periods of time, for example in patients recovering from a stroke or surgery. In these cases, they help to manage malnutrition, or guard against it, until a normal diet can be resumed.

Prescribed when needed, ONS can prevent the complications associated with malnutrition and significantly improve patients' health outcomes.¹ They are evidence based nutritional solutions for disease-related malnutrition^{2,4} and are highly regulated.³

normal food.⁴ ONS are available in a variety of styles, volumes, flavours, textures and consistencies so that under the advice of their healthcare professional, patients can access the most appropriate product for their needs.

A wide variety of ONS products is available, for example:¹

High protein ONS: usually for patients with wounds or fractures, post-operative patients, some types of cancer patients, renal patients on dialysis, patients with COPD and the elderly

Fibre-containing ONS: usually for patients who need additional fibre in their diet

£19.6 billion

The health and social expenditure of disease-related malnutrition is estimated at £19.6bn per year in England alone⁶



Reduced use of healthcare resources due to ONS use, could save

£101.8 million per year⁶



Reduced GP visits, due to ONS use and tube feeding, could save the NHS

£3.9 million⁶



Implementing NICE CG32 and QS24 in 85% of patients at medium and high risk of malnutrition would lead to a net saving £172.2 - £229.2 million, which equates to

£324,800 - £432,300 per 100,000 people⁶

What are ONS?

Most ONS are flavoured milkshakes that are sometimes called 'sip feeds'. They are also available as: juice-, yoghurt-, soup- and savoury-style drinks; dessert-style supplements that can be eaten with a spoon; and as powders that can be made up into drinks or added to drinks or foods such as tea, coffee, custard and cereal. They are uniquely placed to deliver high calorie content and balanced nutrition in a single, easy-to-use serving: they have been designed and formulated to provide additional calories, protein and micronutrients (such as vitamins and minerals) to the diets of people who are either malnourished or at risk of malnutrition. They do not reduce intake of

Pre-thickened ONS: usually for patients with conditions that affect their ability to swallow (dysphagia), such as stroke and neurological conditions

Small volume, high energy dense ONS: usually for patients who cannot tolerate large volumes of food or drink

Use of ONS can help:⁵

- Improve wound healing
- Reduce risk of pressure sores
- Maintain muscle strength
- Support recovery from illness and surgery
- Optimise immune response

[1] Managing adult malnutrition in the community – Including a pathway for the appropriate use of oral nutritional supplements (ONS), produced by a multi-professional consensus panel, May 2012, available at http://malnutritionpathway.co.uk/downloads/Managing_Malnutrition.pdf [2] Stratton RJ, Green C and Elia M. Disease related malnutrition: an evidence-based approach to treatment. Oxford: CABI, 2003 [3] EU Commission Delegated Regulation (EU) 2016/128 supplementing Regulation (EU) No 609/2013 [4] Stratton RJ and Elia M. A review of reviews: A new look at the evidence for oral nutritional supplements in clinical practice. Clinical Nutrition Supplements 2, 5-23. 2007 [5] Managing Adult Malnutrition in the Community. Oral Nutritional Supplements (ONS). Available at <http://malnutritionpathway.co.uk/ons> [6] Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre, 2015 [7] NICE Cost Saving Guidance <https://www.nice.org.uk/savingsandproductivity/collection?type=cost%20saving%20guidance> (accessed 15 July 2016) [8] NICE Quality Standard [QS24] Nutrition support for adults. National Institute of Clinical Excellence, 2012 [9] NHS England Guidance on Commissioning Excellent Nutrition and Hydration 2015-2018, <https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf> (accessed 8 January 2016) [10] Elia M et al. A systematic review of the cost and cost effectiveness of using standard oral nutritional supplements in the hospital setting. Clin Nutr 2016; 35 (2) 370-80 [11] Elia M et al. A systematic review of the cost and cost effectiveness of using standard oral nutritional supplements in community and care home settings. Clin Nutr 2016; 35 (1); 125-37 [12] National Institute for Health and Clinical Excellence (NICE), Nutrition support in adults: oral nutrition support, enteral tube feeding and parental nutrition, Clinical Guideline 32, February 2006 <https://www.nice.org.uk/guidance/cg32> [13] NHS England Guidance on Commissioning Excellent Nutrition and Hydration 2015-2018, <https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf> (accessed 8 January 2016)

ONS can support positive health outcomes and reduce costs to the NHS

Malnutrition affects at least 3 million people in England at any one time and the health and social expenditure is estimated to be £19.6 billion in England alone.⁶ NICE has calculated that the delivery of optimal nutritional care would provide the fifth largest cost saving to the NHS.⁷ The NICE Quality Standard on Nutrition Support in Adults (QS 24)⁸ clearly states that people who are malnourished or at risk of malnutrition should have a management care plan that aims to meet their complete nutritional requirements. The NHS England Commissioning Guidance on Nutrition and Hydration⁹ also recognises that malnutrition and dehydration have a large impact on the health economy with increased demands on GP services, out-of-hours services and increased rates of transition across pathways of care.

The provision of dietary advice and ONS to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%.² The use of ONS in the hospital setting is linked to reduced mortality, reduced complications and reduced length of hospital stay,¹⁰ which is the main driver of potential cost savings to the NHS. The reduced burden on healthcare services, due to use of ONS, amounts to a potential cost saving of £101.8 million per year in England alone.⁶ When ONS are used for 3 months or more amongst malnourished patients in care homes and in the community, the median cost saving is 5%, as well as improved clinical outcomes such as improved quality of life, reduced infections, reduced minor post-operative complications, reduced falls and functional limitations.¹¹ Person-centred nutritional care leads to positive health outcomes and reduces health and social care costs.⁶

ONS are a clinically and cost effective⁶ way to manage malnutrition

The health and social care cost of malnutrition is currently estimated to amount to £19.6 billion per year in England alone.⁶ Used when needed, ONS could save £101.8 million per year⁶ due to:

- Reduced clinical complications
- Fewer hospital admissions and readmissions
- Shorter length of stay in hospital
- Fewer healthcare needs in the community (such as GP visits and care at home)



Putting nutrition at the heart of patient care

Malnutrition can increase mortality, morbidity, length of hospital stay and costs of care.² Ensuring that patients receive adequate nutritional intake is essential for improving health outcomes. Appropriate use of ONS under medical supervision, and following

the screening, assessment and monitoring of patients, should form an integral part of patients' disease management. This will help improve nutritional status, provide better health outcomes and a more satisfying patient experience.

The benefits of ONS include:

Optimal nutritional care for patients	Use of ONS ensures that patients receive appropriate nutritional support to help them achieve optimal health outcomes as quickly and effectively as possible. ¹⁻¹³
Reduced health and social care spend	Use of ONS in malnourished patients could save £101.8 million per year in England alone. ⁶
Safety and quality assurance	ONS are supported by robust evidence and are highly regulated. ³ This ensures that healthcare professionals and patients can trust in the efficacy and quality of the products prescribed.

BSNA calls for:

- 1 ONS to be recognised as an integral part of the management of long-term conditions that require nutritional support
- 2 ONS to be accessible to all patients who need them. All care pathways should clearly identify how and when ONS should be used to help manage patients' conditions
- 3 ONS to be prescribed and used when needed, and for patients to be regularly reviewed and monitored by a healthcare professional
- 4 Implementation of NICE Clinical Guideline 32,¹² NICE Quality Standard 24⁷ and the Managing Adult Nutrition in the Community pathway¹ across all healthcare settings, ensuring that commissioners and healthcare providers follow the recommended approach to the management of disease-related malnutrition as outlined in NHS England's *Commissioning Excellent Nutrition and Hydration (2015-2018)*¹³
- 5 More investment in community dietitians, who have the nutritional expertise to advise on the prescribing of ONS for patients who need them