

The Value of Nutrition on Prescription

Why is it still being overlooked?



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Nutrition is imperative to our existence and over the years the awareness of the importance of good nutrition has increased, including the role that nutrition can play in preventing and managing disease and medical conditions. High quality nutritional care should be at the heart of patient care but, in reality, it is still often ignored.

What is nutrition on prescription?

The Oxford Dictionary defines a prescription as ‘an instrument instruction written by a medical practitioner that authorises a patient to be issued with a medicine or treatment’¹. Nutrition on prescription is exactly this, nutrition which is authorised by a medical practitioner. However, this type of prescription contains foods or liquid nutrients, otherwise known as borderline substances, which have been specifically formulated for individuals with a disease, disorder or medical condition when food alone, however nutritious, is not sufficient to meet a person’s dietary needs. The Advisory Committee on Borderline Substances (ACBS)² is the committee responsible for advising approved prescribers about the prescribing of these products and ensuring the products prescribed are safe and appropriate for the treatment of specified conditions.

Nutrition on prescription can include **Foods for Special Medical Purposes** (FSMPs), which are evidence-based nutritional solutions for a range of diseases, disorders and medical conditions for all ages, including **oral nutritional supplements, enteral feeds and specialist infant formulae**. **Gluten-free foods** for patients with coeliac disease are also available on prescription, along with **parenteral nutrition** for those with intestinal failure. As with all prescriptions, these should be used under the supervision of a healthcare professional.

Malnutrition

Malnutrition is a serious problem both abroad and at home. In fact, it is estimated that malnutrition affects at least three million people in the UK,³ around 98% of whom are living outside the hospital setting. Malnutrition and dehydration are both causes – and usually consequences – of illness, so ensuring that patients receive adequate nutrition is critical for improving their overall health outcomes.

The effective management of malnutrition could have a significant impact on the health economy as the annual health and social care costs associated with malnutrition are estimated to exceed £19 billion in England alone,⁴ and the potential cost saving of implementing nutrition support in adults is ranked as the third highest amongst a wide range of other cost saving interventions.⁴ As recognised by NHS England’s Commissioning Guidance on Nutrition and Hydration,⁵ malnutrition can result in increased demand for GP and out-of-hours services, increased hospital stays and decreased quality of life.⁶ Unfortunately, however, all too often nutrition support guidelines and standards are forgotten or ignored, even though NHS England’s 10 Key Characteristics of Good Nutrition and Hydration Care⁷ require that ‘*all care providers have a nutrition and hydration policy centred on the needs of users, [which is] performance managed in line with local governance, national standards and regulatory frameworks*’.

Malnutrition can affect all ages, but it is particularly prevalent in old age. Ageing itself can have a significant and adverse impact on nutritional status, exacerbating the decline in physiological and psychological functions that occur in later life. Malnutrition caused by inadequate dietary intake in old age is a significant risk, as it can result in numerous ailments, such as decreased muscle mass, reduced cognitive function, delayed wound healing, constipation, dizziness and increased risk of falls, increased hospital admissions and readmissions, and increased mortality.^{6, 8, 9} A 2015 report from the British Association for Parenteral and Enteral Nutrition (BAPEN) and the National Institute for Health Research Southampton Biomedical Research Centre (NIHR) stated that it costs three times more NOT to treat or manage a malnourished patient compared to one without malnutrition, equating to £5,329 per patient.⁴

Malnutrition screening

It is important to identify individuals who are malnourished, or at risk of malnutrition, using a validated nutritional screening tool, such as the 'Malnutrition Universal Screening Tool' ('MUST').¹⁰ The National Institute for Health and Care Excellence (NICE) Quality Standard (QS24),¹¹ NICE Clinical Guidance (CG32)¹² and the Managing Adult Malnutrition in the Community Pathway¹³ all recommend a multidisciplinary approach to the identification of people at risk of malnutrition and provision of timely nutrition support. This can include advice on eating well and food fortification, but for those where more support is needed, foods specifically formulated to meet nutritional requirements may be prescribed.

Nutritional solutions for disease management

If a patient is able to feed orally, nutrition support can take the form of an oral nutritional supplement (ONS). NICE QS24¹¹ recognises that ONS are a clinically effective way to manage disease-related malnutrition when food alone is not sufficient to meet a person's dietary needs. It also advises that care should be taken when providing food fortification alone, which tends to supplement energy and/or protein without necessarily providing sufficient or adequate micronutrient and mineral levels. Patients requiring ONS range from those who are critically ill to those with inherited genetic disorders to those with chronic illnesses. These may include cancer, kidney failure, cystic fibrosis,

diabetes, dysphagia, sarcopenia and respiratory disease. In addition, specialist products may be required for people with inborn errors of metabolism, those with food allergies, or problems with absorption or malnutrition of normal foods. For those who struggle to feed orally, enteral feeds (including ONS) can be administered enterally via the gastrointestinal tract, either by a nasogastric tube (NGT) or percutaneous endoscopic gastrostomy (PEG). ONS can be an essential part of medical management and may be required either for life or for short periods of time, depending on the individuals' clinical circumstances. In these cases, they guard against malnutrition until a normal diet can be resumed.

Despite all the guidance and evidence surrounding the benefits of ONS, recent months have seen some restriction on the prescribing of ONS, especially in care homes. It is not only important to address the health of the patient, but also the time restrictions caregivers may have in a care home setting. ONS can be a lifeline in the community and care homes, where round-the-clock care may not be available. Prescribed appropriately, ONS can prevent the complications associated with malnutrition and significantly improve patients' health outcomes, whilst offering a clinical and cost-effective solution.

Parenteral nutrition

Parenteral nutrition (PN) refers to the provision of nutrients by the intravenous route, via the veins. NICE recommends that healthcare professionals should consider prescribing PN for patients who are malnourished or at risk of malnutrition who have an inadequate or unsafe oral and/or enteral nutritional intake, or a non-functional, inaccessible or perforated (leaking) gastrointestinal tract.¹²

Until April 2016, PN treatment was recommended by a dietitian or a nurse and prescribed by an independent prescriber, such as a doctor or pharmacist. Changes to the Human Medicines Regulation in 2016¹⁴ has allowed dietitians to qualify as supplementary prescribers, allowing advanced nutrition support dietitians to prescribe PN according to an agreed clinical management plan.

Some patients in the hospital setting may require PN on a long-term basis and may be discharged on home PN (HPN). For those patients whose gastrointestinal function improves or recovers, PN may be gradually withdrawn, but only once adequate oral or enteral nutrition is tolerated and nutritional status is stable.

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Specialist infant formula

It is well understood that breastfeeding is the best way to feed a baby. However, for those parents who are unable to, or choose not to, breastfeed, infant formula is the only safe alternative, and when a baby has a specific nutritional requirement due to an underlying medical condition, the only alternative source of nutrition which is suitable and safe is a scientifically formulated specialist infant milk. Conditions which require these specialist milks include:

- Faltering growth
- Cow's milk protein allergy
- Lactose intolerance
- Gastro-oesophageal reflux.

Specialist milks are available on prescription and must always be used under medical supervision for the full duration of the condition, no matter the severity. This prescription provides a lifeline to vulnerable infants and parents/carers to ensure the best possible nutrition for optimal health outcomes.

Coeliac disease

Coeliac disease is an autoimmune condition where the consumption of gluten (found in wheat, barley and rye) triggers the immune system to react and damage the lining of the small intestine. The damage caused decreases the surface area of the villi, and results in inflammation, pain and discomfort for the sufferer, while reducing the ability of the small bowel to absorb nutrients from food properly.¹⁵ It is thought to affect one in 100 people and the only treatment is to adhere to a lifelong gluten-free diet. Long-term complications associated with non-adherence include osteoporosis, iron deficiency anaemia, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism and vitamin D deficiency.¹⁶ For children, non-adherence

can also result in complications such as faltering growth and delayed puberty.¹⁷

Prescriptions for patients with coeliac disease date back to the 1960s. Over the past few years, under increasing financial pressure, Clinical Commissioning Groups (CCGs) in England have begun to either remove the prescription for gluten-free food, or restrict the quantity and what can be prescribed. Gluten-free foods on prescription are approved by the ACBS, guaranteeing that they are safe and appropriate for patients with coeliac disease. The prescription not only ensures availability and access, but also helps maintain patients' adherence to a gluten-free diet.¹⁸

In March 2017, the UK Department of Health launched a consultation reviewing the availability of gluten-free foods on prescription in primary care. As gluten-free foods become more widely available in retail, it is important to remember that coeliac disease is not a choice and essential staples on prescription provide patients with a lifeline to help them to manage their condition.

Conclusion

High quality nutrition support should be at the heart of patient care. The nutritional status of patients who have a disease, disorder or medical condition should always be considered as part of a patient's care management strategy. It is important for healthcare professionals to be able to recognise when it is appropriate for nutrition to be prescribed, as poor nutrition can have many negative consequences, both in the short and longer term. Appropriate prescribing can also result in long-term cost savings to the NHS and enhanced patient outcomes. Its positive impact on overall health and recovery should not be underestimated.

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About the British Specialist Nutrition Association



BSNA is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow-on formula, young child formula and complementary weaning foods), medical nutrition products for diagnosed disorders and medical conditions, including parenteral nutrition and gluten-free foods on prescription.

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