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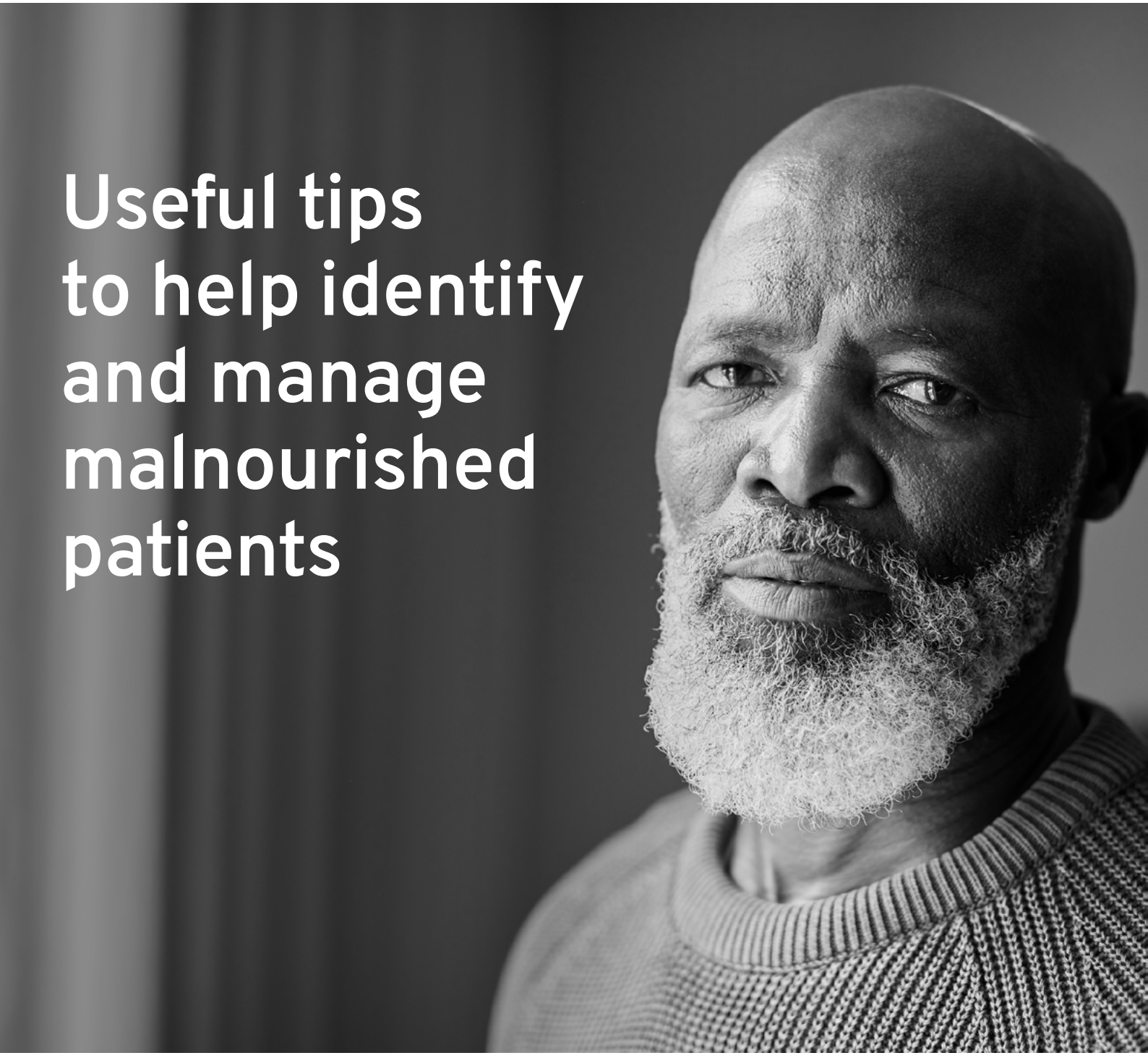
Useful tips to help identify and manage malnourished patients



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FORCEVAL® CAPSULES

Vitamin A (as β-Carotene); Vitamin D2 (Ergocalciferol); Vitamin B1 (Thiamine); Vitamin B2 (Riboflavin); Vitamin B6 (Pyridoxine); Vitamin B12 (Cyanocobalamin); Vitamin C (Ascorbic Acid); Vitamin E (dl-α-Tocopheryl Acetate); d-Biotin (Vitamin H); Nicotinamide (Vitamin B3); Pantothenic Acid (Vitamin B5); Folic Acid (Vitamin B Complex); Calcium; Iron; Copper; Phosphorus; Magnesium; Potassium; Zinc; Iodine; Manganese; Selenium; Chromium; Molybdenum.

JB-003350 | January 2025

The burden of malnutrition

Malnutrition affects over 3 million people in the UK and is a major health and economic problem, costing the UK health and social care system more than £23 billion each year[1-3]. In the primary care setting, malnutrition is a common yet under-recognised condition which affects up to 11% of patients visiting their GP in the UK.[4]

When left untreated, malnutrition can lengthen hospitalisation, reduce quality of life and increase the risk of developing other diseases.[5]

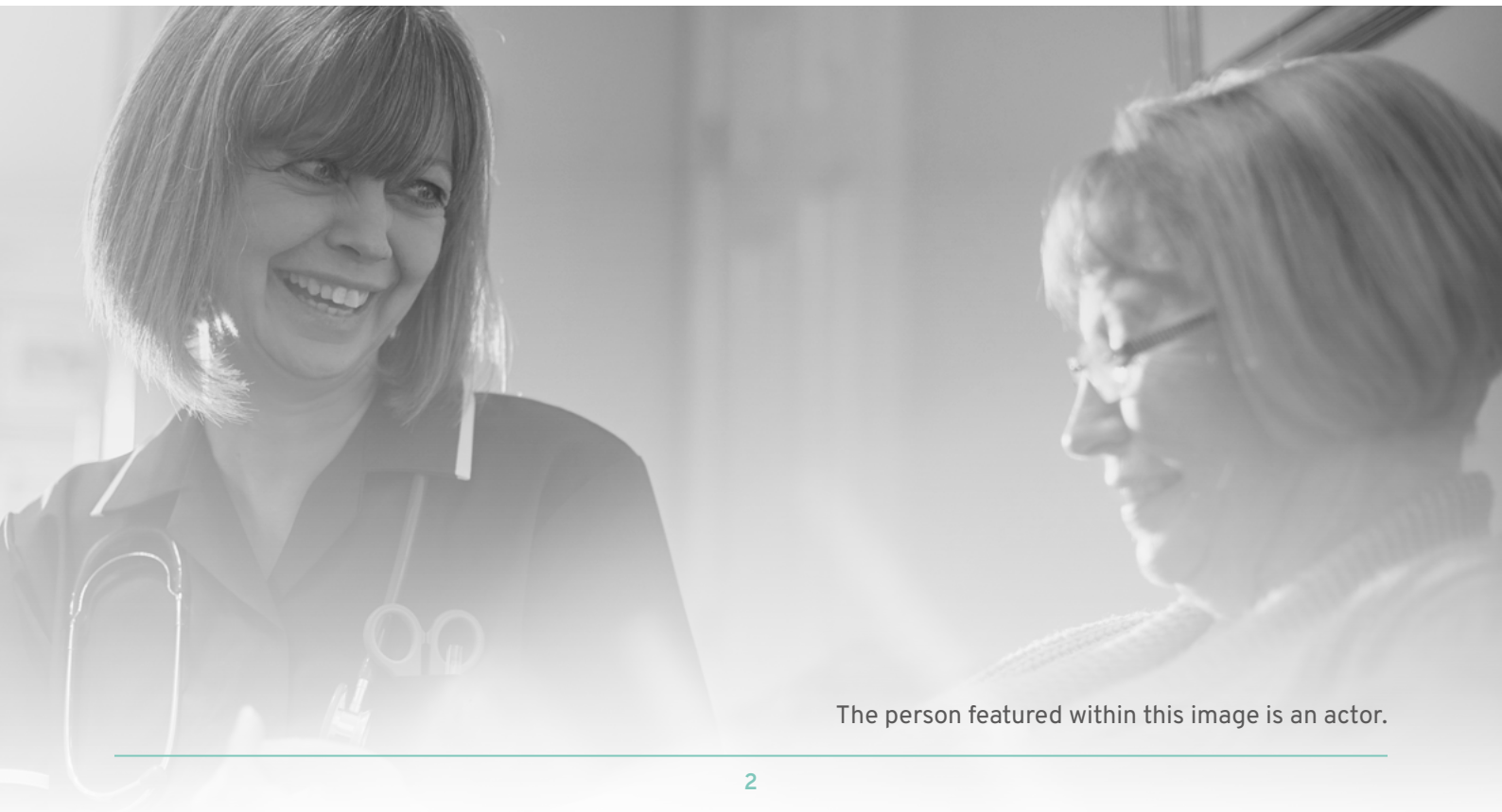
In comparison to healthy individuals, malnourished patients may also be associated with a wide range of physical and clinical consequences, including:[4]

- Higher mortality
- Reduced muscle strength and frailty
- Slower recovery from illness and surgery
- Impaired wound healing
- Compromised immune response

Why could a patient be malnourished? Malnutrition can be a result of:[6]

- Deficiency, excess or imbalance of a person's nutrient profile
- Undernutrition (poor intake of macronutrients in diet: carbohydrates, proteins, fats)
- Micronutrient deficiency/imbalance
- Overweight/obesity and associated conditions

To help reduce malnutrition, identifying and screening people at risk of malnutrition can be carried out within primary care. In fact, tackling malnutrition can improve clinical outcomes and reduce health care use and costs.[4] This is why we have developed this document, which includes useful tips to help you easily identify and manage malnourished patients.



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Tips on identifying at-risk patients

Tip 1: Look for who could be affected by malnutrition

Looking at the potential causes of malnutrition can be key to identifying patients who are or may be at risk.

Reviewing patient medical history i.e. weight, medication, and prior surgery, alongside asking the appropriate questions during patient discussion, are important first steps in the identification of malnourished patients.

Medical conditions

Patients that may be at risk of malnutrition include those with medical conditions such as:[4-11]

- Long term illnesses/disease e.g., diabetes, and kidney disease
- Chronic progressive conditions e.g., cancer or dementia
- Digestive/malabsorption conditions, such as Crohn's disease
- Those receiving treatment or recovering from surgery
- Mental health conditions
- A drug or alcohol dependency
- Some patients living with obesity or those who have undertaken bariatric surgery

Social factors

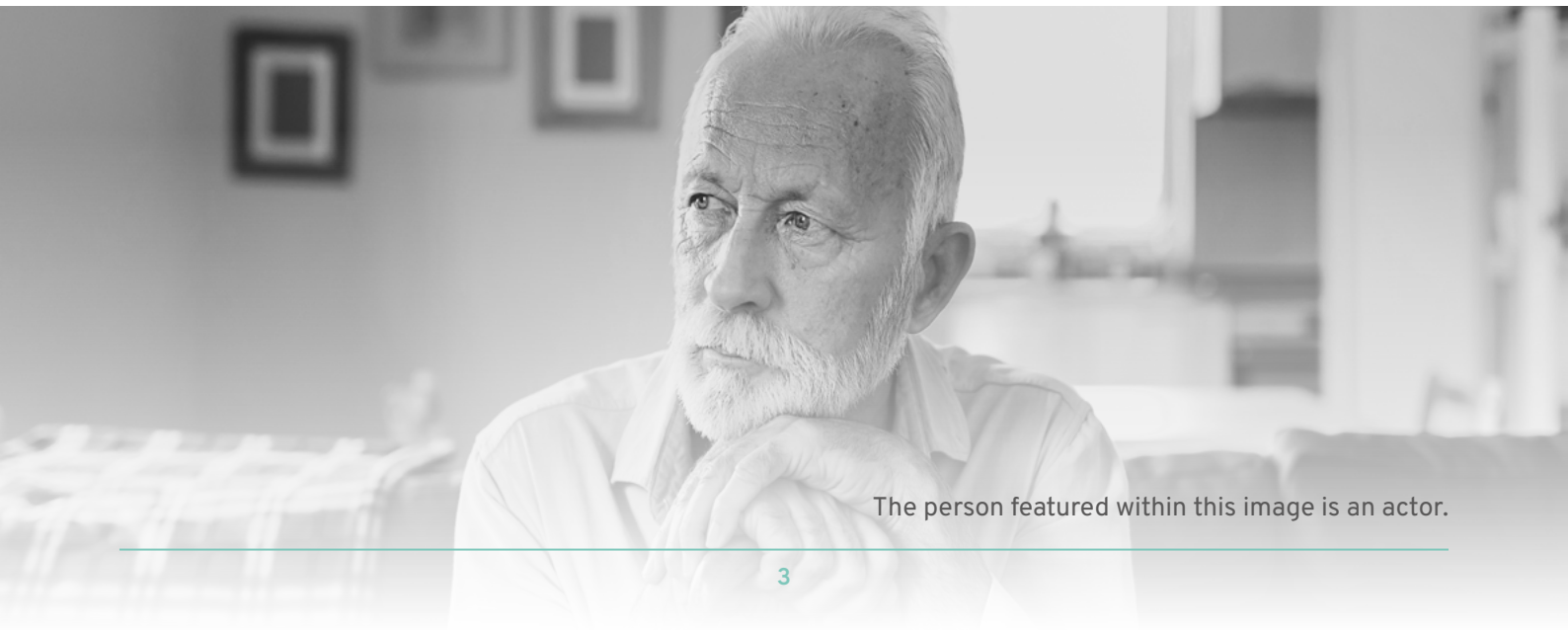
Social factors can put some individuals at an increased risk of malnutrition, including:[7,10,12]

- Poverty
- Social isolation
- Those living in care homes or long term hospital stays

Physical factors

There are also physical factors that can increase or contribute to malnutrition risk, including:[4,7,10]

- Eating and/or swallowing difficulties due to pain, tooth loss, ill-fitting dentures, or as a consequence of strokes
- Loss of taste or smell
- Limited mobility/inability to prepare meals



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Tip 2: Look for initial signs/symptoms

Some initial signs and symptoms to look for in patients are listed below. Although many people who are malnourished will lose weight, there will be some patients who can also be a healthy weight or overweight and still be malnourished.[4,13,14]

Initial signs and symptoms of malnutrition can include:[4,13,14]

- Reduced appetite/interest in food
- Unintended weight loss or appearing thin
- Fragile skin
- Recurrent infections
- Frequently feeling tired/cold
- Poor concentration
- Altered mood
- A lack of appetite.
- Patient asking for liquid medications due to feeding or swallowing difficulties
- Changes in bowel habit

Tip 3: Ask appropriate questions

As malnutrition is often not visibly obvious, asking key questions can be vital in understanding whether a patient is at risk. If a patient is finding it difficult to discuss their nutrition, a close friend or family member can also be a source of useful information.

Key questions that can help identify malnutrition in patients could include:[4,8,14]

- How is your appetite lately?
- How are you managing with your eating and drinking?
- Have you recently changed what/how often you're eating?
- Have you noticed you are eating less?
- Have you missed any meals?
- Who prepares your meals?
- Who do you eat with?
- How would you describe your weight?
- What is a usual weight for you?
- How does food taste?
- Do you enjoy eating?
- Do you feel like your weight has changed in the last few weeks or months?
- How are your clothes and jewellery fitting? Do they feel like they fit differently than usual?

The person featured within this image is an actor.

Screening

Screening should be conducted on first contact within a new care setting and if any of the signs are spotted[4,15]

You can help identify patients who may be at risk of malnutrition by using a widely used screening tool such as the Malnutrition Universal Screening Tool (MUST).[15-17]

Five steps used in MUST:[17,18]

Step 1

- Gather measurements: height, weight and body mass index (BMI).
- If it is not possible to obtain height and weight, alternative measurements can be used.

Step 2

- Note unplanned weight loss.

Step 3

- Consider the effect of acute disease.

Step 4

- Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.
- 0 = low risk (routine clinical care), 1 = medium risk (observe), 2 = high risk (treat).

Step 5

- Using the management guidelines and/or local policy, form an appropriate care plan.

Visit the MUST tool on the BAPEN website here for full details and additional information.

Who can screen for malnutrition?

A multi-disciplinary approach to screening and management can be used. Many malnourished patients can be effectively identified and treated within primary care.[4]

Tips on Management

In many cases, malnutrition can be managed using dietary advice and treatment goals to optimise food intake.[4]

Tip 1: Use 'Food First' techniques to optimise food intake

Dietary advice from BAPEN to optimise food includes:[19]

- **Little and often:** aim for three small meals plus two to three nourishing snacks in between (eating every 2-3 hours) as trying larger meals may overwhelm the patient
- **Choosing full fat and sugar products rather than low fat/low sugar/sugar free** as they contain more calories. e.g., Choose full cream milk instead of skimmed/semi skimmed milk and normal butter/spread rather than low fat spread.
- **Nourishing drinks** can be a simple way of increasing calorie intake. Options include malt drinks, milk based coffee, hot chocolate, fresh fruit juices, milkshakes, smoothies or enriched soups.
- **Food Enrichment:** involves using every day food items to enrich the diet with energy and protein such as adding butter, cream, cheese, full fat milk, skimmed milk powder, oils, crème fraiche to foods to boost their energy and protein content.
- **Consider a multivitamin & mineral supplement** as those eating small amounts or a limited variety of foods may not have adequate micronutrient intake.

Oral nutritional supplements (ONS) can be used when food intake has been insufficient, or when it is anticipated that food alone will not meet nutritional requirements.[4]

Tip 2: Refer to guidelines

When looking specifically at micronutrients, if there is a concern about the adequacy of micronutrient intake:

- NICE Clinical Guidelines 32 recommends that oral multivitamin and mineral supplements should help individuals who are eating poorly to meet their vitamin and mineral requirements.[15]
- NHS England has advised Integrated care boards (ICBs) that for people with medically diagnosed deficiencies or who have undergone surgery that results in malabsorption, vitamins and minerals can be prescribed in primary care.[20]
- BOMSS Guidelines for patients undergoing bariatric surgery recommend Forceval® Capsules as a suitable multivitamin supplement following a range of bariatric surgery options.[21]

Tip 3: Consider recommending a multivitamin and mineral supplement to eligible patients

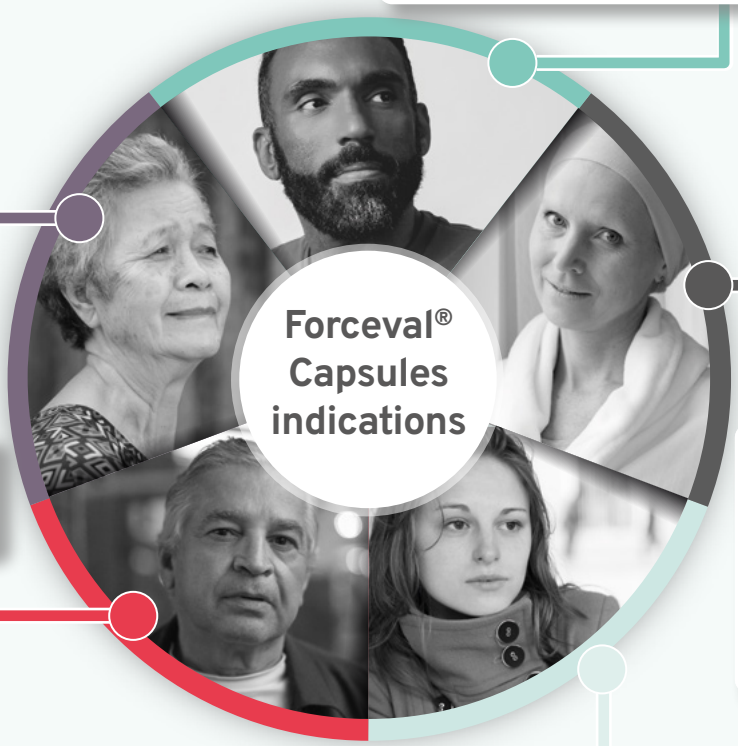
Forceval® Capsules is a medicinal multivitamin and mineral supplement, indicated in patients aged 12 years of age and above, as a therapeutic nutritional adjunct across the following conditions/ patient groups:[22]

Suboptimal intake of vitamins & minerals e.g.

- In the presence of organic disease such as malignancy and immune deficiency syndromes, such as AIDS

Suboptimal absorption of vitamins & minerals e.g.

- Malabsorption
- Inflammatory bowel disease and fistulae
- Short bowel syndrome and Crohn's disease
- Where concurrent medication decreases vitamin and mineral absorption



Convalescence from surgery

Convalescence from illness e.g.

- Anorexia or cachexia
- Post chemo- or radio-therapy

Diets

- Special or restricted diets, e.g. in renal diets and where several food groups are restricted in therapeutic weight reducing diets
- Where food intolerance exists, e.g. exclusion diets
- In synthetic diets, e.g. in phenylketonuria, galactosaemia & ketogenic diets

Conclusion

Malnutrition is a common condition in the UK and is associated with a wide range of physical and clinical consequences.[1-3] However, many malnourished patients can be effectively identified and treated within primary care.[4]

To identify these patients, there are a number of signs and symptoms to look out for, along with using a validated screening tool such as MUST to identify a patient's risk and provide appropriate treatment.[4,13,14,17,18]

For many patients a 'Food First' approach is an appropriate first step.[4,19] Oral nutritional supplements (ONS) can be used when food intake has been insufficient, or when it is anticipated that food alone will not meet nutritional requirements.[4] If there is a concern about micronutrient intake, NICE Clinical Guidelines 32 recommends an oral multivitamin and mineral supplement.[15] Forceval Capsules is a medicinal multivitamin and mineral supplement suitable as a therapeutic nutritional adjunct across a wide range of eligible patients.[22]

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JB-003350 | January 2025

LOOK BEYOND MY CONDITION

CONSIDER MALNUTRITION

Malnutrition is a common, but often under-recognised condition which can affect a patient's well-being[1]

Help **cancer** patients with suboptimal nutrient intake caused by chemotherapy and radiotherapy, those who need nutritional support such as **frail older** patients and those **recovering from surgery.**[2]

For the clinically malnourished, support them with Forceval®[2]

24 essential vitamins, minerals and trace elements all in a once-daily capsule[2]

THE UK'S NO. 1 PRESCRIBED LICENSED MULTIVITAMIN[3]

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FORCEVAL® CAPSULES

Vitamin A (as β-Carotene); Vitamin D2 (Ergocalciferol); Vitamin B1 (Thiamine); Vitamin B2 (Riboflavin); Vitamin B6 (Pyridoxine); Vitamin B12 (Cyanocobalamin); Vitamin C (Ascorbic Acid); Vitamin E (dl-α-Tocopheryl Acetate); d-Biotin (Vitamin H); Nicotinamide (Vitamin B3); Pantothenic Acid (Vitamin B5); Folic Acid (Vitamin B Complex); Calcium; Iron; Copper; Phosphorus; Magnesium; Potassium; Zinc; Iodine; Manganese; Selenium; Chromium; Molybdenum

PRESCRIBING INFORMATION for Forceval® Capsules
Please refer to full Summary of Product Characteristics (SmPC) before prescribing.
Presentation: Brown and maroon, oblong, soft gelatin capsule printed containing: Vitamin A (as β-Carotene) 2,500 iu; Vitamin D2 (Ergocalciferol) 400 iu; Vitamin B1 (Thiamine) 1.2 mg; Vitamin B2 (Riboflavin) 1.6 mg; Vitamin B6 (Pyridoxine) 2.0 mg; Vitamin B12 (Cyanocobalamin) 3.0 mcg; Vitamin C (Ascorbic Acid) 60 mg; Vitamin E (dl-α-Tocopheryl Acetate) 10 mg; d-Biotin (Vitamin H) 100 mcg; Nicotinamide (Vitamin B3) 18 mg; Pantothenic Acid (Vitamin B5) 4.0 mg; Folic Acid (Vitamin B Complex) 400 mcg; Calcium 108 mg; Iron 12 mg; Copper 2.0 mg; Phosphorus 83 mg; Magnesium 30 mg; Potassium 4.0 mg; Zinc 15 mg; Iodine 140 mcg; Manganese 3.0 mg; Selenium 50 mcg; Chromium 200 mcg; Molybdenum 250 mcg. **Indications:** As a therapeutic nutritional adjunct in conditions where the intake or absorption of vitamins and minerals is suboptimal, in convalescence from illness or surgery or for patients on special or restricted diets, where food intolerances exist or as an adjunct in synthetic diets. **Dosage and method of administration:** Adults and the elderly: One capsule daily swallowed whole with water, preferably one hour after a meal. Not recommended in children under 12 years of age. **Contraindications:** Hypercalcaemia, haemochromatosis, and other iron storage disorders. Hypersensitivity to the active substance(s) or to any of the excipients. Allergy to peanuts or soya. **Warnings and precautions:** Protein and energy are also required to provide complete nutrition in the daily diet. No other vitamins, minerals, or supplements with or without vitamin A should be taken with this preparation except under medical supervision. Do not take on an empty stomach. Do not exceed the stated dose. Contains iron, keep out of the reach and sight of children as overdose may be fatal. Contains E123 (amaranth) and E124 (ponceau 4R red), which may cause allergic reactions. High dose of β-carotene (20-30 mg/day) may increase the risk of lung cancer in current smokers and those previously exposed to asbestos. Product contains 4.5 mg β-carotene per recommended daily dose. Patients with thyroid disorders should seek medical advice before taking Forceval Capsules. **Interactions:** Folic acid can reduce the plasma concentration of phenytoin. Oral iron and zinc reduce the absorption of tetracyclines. **Pregnancy and lactation:** Forceval Capsules may be administered during pregnancy and lactation at the recommendation of the physician. **Side Effects:** Frequency not known: Hypersensitivity reaction (such as rash), gastrointestinal disturbances (such as nausea, vomiting and abdominal pain). Prescribers should consult the SmPC in relation to other adverse reactions. **Legal Category:** P **Packs and NHS price:** 15 capsules (£6.28), 30 capsules (£11.41) or 90 capsules (£33.09). **Marketing Authorisation number:** PL16853/0079 **Further information available from:** Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire, SN15 2BB www.alliancepharma.co.uk
Date of preparation: January 2025

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References:
1. Saunders, J. Smith, T. (2010) Malnutrition: Causes and consequences. Clinical Medicine, 10(6), 624-627. doi:10.7861/clinmedicine.10-6-624. **2.** Forceval Summary of Product Characteristics. **3.** IQVIA IMS Data: August 2024.

The image featured in this material shows an actor rather than an actual patient.

Please consult the SmPC for a full listing of contra-indications, precautions, and adverse events before prescribing this medicine. Rash, nausea, vomiting and abdominal pain have been reported. Should not be given to individuals with known allergies to peanut or soya.